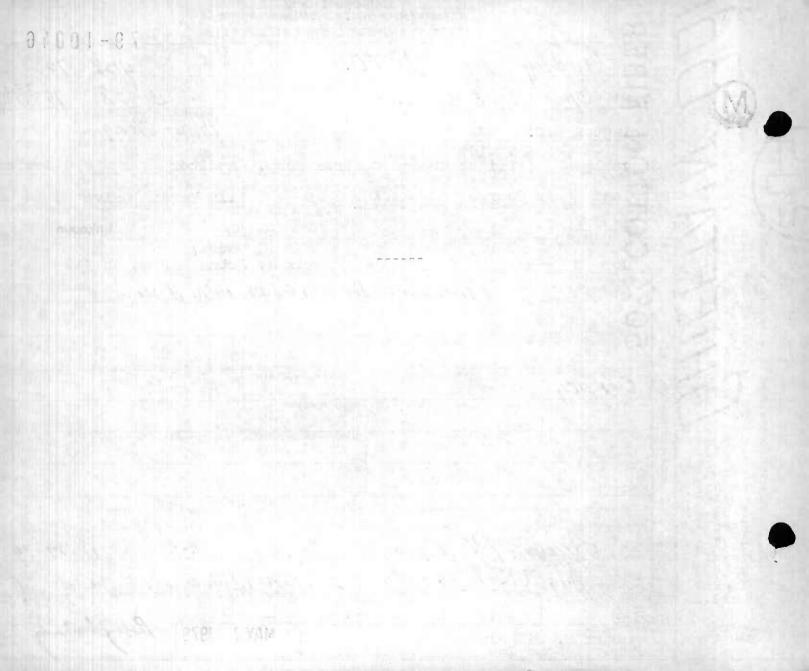
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		STATE REGISTRAR		MED	ICAL EXAMINE	R'S CEI	RTIFICATE O	FDEATH	REG. NOT	_ 10046	
S. S. E. E. T.		CEASED NAME (i drec	1 M	MIDDLE ACT	DY	Ţ	2a. DATE OF DEATH	KNOWN MONTH	28 1974	HOUR
M	3. SEX	male le	hite	3-23-	3 6. AGE (IN YEAR LAST BIRTHDAY	MONTHS	R 1 YR. IF UNDER :	MIN PRONOUN DE AD	4-20	8 1979 3	HOUR M
10 CONT. 10	FOI	RTHPLACE (STATE OR PEIGN COUNTRY)		7b. CITIZEN OF WH	AT COUNTRY?	MARRIED	NEVER MARRIE	D L Ha	ORE CITY OR COU	NTY OF DEATH	
A5.200		shingtor		USA		WIDOWED		1	ce vicor	Trab. WIND OF BUSINE	MD.
A THE STATE OF THE	10. CT	Y OR TOWN OF DE	AIH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME,			FOR MOST OF WOR		OR INDUSTRY	
7. OS. # 50		heverly	IPSING HOME OR		George Ge		II Hosp.	Audito	r	U S Gov	"t
F ANY AND AND HOULD HOULD RECORD	13a. S1		113b. COUNTY		Accokeek	13d	I. INSIDE CITY LIMITS?	13e. STREET ADDRE	resa Dr	ive	
D. W. P.	14. FA	THER'S NAME FIRST		MIDDLE	LAST	15.	MOTHER'S MAIDE	NAME	DDIE	LAST	
RE, M		Benjan			Babcock		Marq	aret		Unknown	
O #### /	16a. W	AS DECEASED EVER	(IF YES, GIVE W		16b SOCIAL SECURITY	NO. 17.	INFORMANT (spouse)	ADDRESS		
, BALTIMOR UNS AFIEE B. GIVE PAG WITH FORM DIVISION D		No				I	ewis J.	Acton	Same a		
5 8 5 5 4		18 CAUSE OF DEA PART I DEATH V	TH (Enter only	one cause per line	for (a), (b), and (c),) fend sollis	12.1	Day and a 11		11000	APPROXIMATE INTE	RVAL
ISTON ST. HIN 24 HC IN ITEM 1 R ALONG SIT PERMIT HYGIENE.		11660	IMMEDIATE	CAUSE (a			will by	०० सार्यम	assere		
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REC DID I PEN PEN A HEA A	CERTIFICATION	19s. DATE OF OPER	AUGN	19b. CONDIT	ION FOR WHICH OPERA	TION WAS	PERFORMED?		The state of	20. AUTOPSY?	
AL, CALL	IFF	10.0								YES N	0 🗆
ISION OF VITA ISION OF VITA NG THE WORD NG THE CH SHOULD BE U EPARTMENT OF IOR TO BURIAL.	CER	210. EXTERNAL CAL		21b. TIME OF	MONTH DAY YEAR	21c. HOW	INJURY OCCURRED	(ENTER NATURE OF IN	URY IN ITEM 18 PART 1 OR	PART 2)	
DN THE THE TOTAL		UNDERLYING CONTRIBUTING			MONTH DAT TEAK						
3	MEDICAL	21d. INJURY OCCUP	RED		FINJURY (AT HOME, DRY, FARM, ETC.)	21f LOCAT		CITY OR TO	NA C	OUNTY	STATE
	>	WHILE NO	VORK		ent, ream, etc.)			/		001417	OTATE .
R: TI V NW STV STV 212	1			of the remains desc	ribed above, held on	Autopsy	, Inspection	Inquiry	ond in my	opinion	
XAMINER CERTIFICAT DIRECTOR WITH THE ARYLAND,		death resulted from			Accident . Suic		Hamicide .	Undetermined mo			
XAMI ERTIFI ID BE VITH WITH		-	1	. 00	1	/	TITE (SPECIFY)				
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TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNEATH, AFTER DEATH, BALTIMORE, MA	0	EXAMINER'S NAME (TYPE OR PRINT) Z	Megu	sto P.	RNDEFGU	Q 70	DRESS 12800	Willowa	ind Cively,	Tautoff N	10
PACT PACT PACT PACT PACT PACT PACT PACT	23a. Bl	JRIAL, CREMATION,	REMOVAL 231	b. DATE	23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOCATION	cc	OUNTY STATE	8
1302	Bu	rial	2	May1979	Cedar H	i11 (Cemetery		nd o.	PG Md.	
DHMH-17 20M 1/73 (VR A15 ME (5))	24. FU	NARObert	E. Wi	The Impress			25a. DAVE	BY DYBY REGGT	R 25b. REGISTORS	5197Wallsworty	
1-11		Funera	Home	Inc	Suitl	and,	Md.				

STATE OF MARYLAND



11001-81

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10049

	'`	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.	19	-10	040
		CEASED NAME	FIRST	WLES I	MIDDLE		AST		2a. DATE OF	DEATH MO		DAY YEAR	26. HOUR
				ANNA	V.	ALGE	,				04-	10 / 0	3:25 P
	3 SE	x		4 RACE		5 DATE C		YEAR	& AGE (IN YE	ARS LAST BIRTHD		WONTHS DAYS	HOURS MIN.
	_	remale			ite	May	17	1894	84	DE 61711 O.D.	YRS.	05.05.4711	
17	C	IRTHPLACE (STATE OR FO	DREIGN		F WHAT COUNTR	MARRIE		MARRIED [111	RE CITY OR			
/		Vash. D	C		JSA HOSPITAL, NUR	SING HOME C	- Long St.	NORCED		ICE GEO			OF BUSINESS OR
4		CHEVERLY		PRINCE	GEORGE	S GENE		SPITAL	(TYPE OF WORK	SEW1	VORKING LIF		
5	13a S	AL RESIDENCE (IF NURS STATE 1d.	13b COUP P.G	VTY	13c. CITY OR TO OXON	NWC	13d. INSIDE YES 🛣	CITY LIMITS?	13. STREET .		tour	t Driv	ve
101		Thomas		MDDUE Bric	ahtlev			'S MAIDEN NA FIRST Jnknowi		MIDDLE		Ł A:	51
1	16a. V	WAS DECEASED EVER YES, NO OR UNKNOWN) VO		MED FORCES? E WAR OR DATES)	578-07		17 INFORM			Son,	1714 Suit	land.	on St.
		PART 2 OTHER SIGN	MAS CAUSE IMMEDIA which nediate ig the last.	DUE TO, DUE TO, DUE TO, (b)_ DUE TO, (c)_	Agua OR AS A CONSEC OR AS A CONSEC	DUENCE OF		l can			lung TION GIV	n 5	CONSTRUCTION OF AND DEATH
	CERTIFICATION	UN 190 DATE OF OPERA	IN		etucke DITION FOR WHI	CH OPERATIO	N WAS PERF		200 AUTO			, WERE FINDI	
2	TIFIC	w	ne						YES 🗌	NO		YING CAUSES	NO _
9	EDICAL CEI	2)6. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH P.M. WD	DAY YEAR	21c HOW I	NJURY OCCURI	RED (ENTER NA	TURE OF INJURY I	IN ITEM 18, P	ART I OR PART ?)	
	MEDI	216 INJURY OCCUR	HILE [E OF INJURY TREET FACTORY, OFFI	CE, FARM, ETC.)	211 LOCAT STREE			CITY OR TOWN		COUNTY	STATE
		sow the decease obove, (1) well-	ed olive on		4/16 19		nd that in (m)	(our) opinion	death accurre	d on the dote	7770 ond hou	19	that (I) (we) as couses stated

DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS

ADDRESS4308

SORIANO ESIR

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION 23b. DATE COUNTY Burial Congressional

DHMH-16 20M (VRA 15, 4) 7/7B

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remaye as with the State Dept of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If them 21 is marked or them 18 shaws any

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auld be filed

24. FUNERAL DIRECTOR Robt Funeral Home

Wash D BY REGIST 20 197 Suitland Suitland,

D. C.

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/	1-	FOR STATE			HEALTH AND MENTA		70.11	1050
		REGISTRAR	WE	DICAL EXAMIN	IER'S CERTIFICATI	E OF DEATH	REG NO	0000
3 - S -	l. DE	CEASED NAME FIRST E OR PRINT)	nna	H. A	LSTON	2a. DATE OF DEATH	ESTI-	DAY YEAR 26. HOUR
	3. SE	inch Black	S. DATE OF BIRTH	6. AGE INTE	AY) MONTHS DAYS HOURS	DER 24 HRS. 2c. DATE	MONTH	DAY YEAR IN HOME
S P	7a. B	RTHPLACE (STATE OR	76. CITIZEN OF WI	HAT COUNTRY	8	9/ BATIM	ORE CITY OR COUNTY	OF DEATH
記事を重要十つ	FC	REIGN COUNTRY) SHINGTON. D. C.	U.S.		MARRIED NEVER MA	ARRIED	ie Henre	
AND STATE OF THE S	0	WEVEL LE	11. MAME OF HOS	SPITAL NURSING HOMI	OR OTHER INSTITUTION	126. USUAL OCCUP FOR MOST OF WORK	(ING LIFE)	MD. KIND OF BUSINESS OR INDUSTRY
ANY DE AND 3 TI RETAIN HOULD 8	USU	RESIDENCE (FININUES HOM	E OF OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	ON			EMPLOYEE
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ZA I D	14. F.	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MA	AIDEN NAME	DDLE	LAST
RE, M		JAMES FITZHU				SMITH		
0 8 0 7	16a. \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURIT			ADDRESS	
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BALT., BALT., BALT., BALT.		18. CAUSE OF DEATH (Enter	only one couse per line	for (a), (b), and (c).)	•	41 11	4	APPROXIMATE INTERVAL
ON ST. 24 HO 11FM 1 10NG 11FM 1		PART I DEATH WAS CAUS	SED BY:	SEVBRAL &	nkory wi	The Chan	ring	BETWEEN ONSET AND DEATH
E 7 4 5 1		9581 mines		AS A CONSEQUENCE	08/			
W. PREST D WITHIN D WITHIN AMINER A TRANSIT ENTAL HY		Conditions, if any, which			1/		7	
W. PRI D. WITI ENCIL AMINE FITAN REMO		gove rise to immedio couse (a) stating the unde		AS A CONSEQUENCE	25			
		lying couse lost.	DOC 10, OK	AS A CONSEQUENCE	Jr.			,
		DADY O OTHER COMMENTS AND COMMENTS	(c)					
ORD BE ED DING EDIC SA (ATIC	N O	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN 1	N PART 1 (a).		
ULD ULD ULD AND WEEN WEEN AND WE WAND WOUND WE WAND WOUND WE WAND WOUND WE WAND WOUND WE WAND WOUND W	CERTIFICATION	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED?			20. AUTOPSY?
TAN SHO ORD CHIII OF	F						The state of	YES NO
F VI	ER	210. EXTERNAL CAUSE WAS	216. TIME OF		21c. HOW INJURY OCCU	RRED LENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PART 2	
CERTIFICATE SETTING THE WORD TO THE WORD TO THE WORD TO THE WORD TO THE COMPANIENT OF THE WORD TO BURLAND TO B		UNDERLYING OR CONTRIBUTING CAUSE O	1138	MONTH DAY YEAR	9 Subject	19mited	1 hersel	1
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2 = 0 = 2		22a. I certify that I took cho	rge of the remains des	cribed obove, held on	AutopsyInspe	ctian . Inquiry	ond in my opini	Light -
MINE BE FO CTOR AND,		death resulted from:	turol couses ,	Accident , Su	icide Homicide	. Undetermined mo	nner ,	
EXAMI CERTIFI ULD BE DIRECT WITH		die	· · · · · · · · · · · · · · · · · · ·	0, 1	TITLE (SPECIFY	')		11- 4/-
A HOD A H		ACTUAL SIGNATURE	4868/-48	theypoly	Depu	TY MEDICAL EXAM	DATE SIGNED	4/17/179
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TO MEDICAL E EXECUTE THE C PAGE 4 SHOU PAGE 6 SHOU AFTER DEATH BALTIMORE, MA		EXAMINER'S NAME AVEST	isto P. Roc	iriguez, M. D.	12800 W1.	llow Wind Ci	rcle,0xon F	1111,Md,20022
BAFI PAKE	23a. B	JRIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		BURIAL	MAY 2, 19	979 LINCOLN			D, MARYLAND	
DHMH - 17	24. FI	NERAL DIRECTOR WILL	IAMS ADDRESS	4804 Ga.	Ave NW 250. DA	TE REC'D. BY REGISTRAL	256. REGISTRAR'S SEC	MATYPEChrody
(VR A15 ME (5)) 15M 7/77		A WITH OF MILL	TEN YOUNGS		NGTON, D. C.	MAY 4	9/9	/ _/

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	bon typed					

7557 Wisconsin Ave., Bethesda, MD

(VRA 15 (4))

STATE OF MARYLAND

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10054

	CEASED NAME									
1		FIRST		WIODLE		AST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	Alex	ander	r Hanso	on BARN	ES			April	7, 1979	6:05a.m
3. SE	X	4	RACE		5 DATE C		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNCER 24 HRS HOURS MIN
	Male		Whit	te		. 15,1890	8	9 YRS	MONTHS CATS	HOOKS MIN
	IRTHPLACE (STATE OR FORE	EIGN 7	& CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		RE CITY OR COUNT		LT
	Marylai	nd	U.S	S.A.	WIDOWE		Pri	nce George	's Count	y MD.
10. C	ITY OR TOWN OF DEATH	н 1	1. NAME OF I	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING I		F BUSINESS OR
	Lanham	/	Doctors	Hosp.	of P.	G. County		ired		.Owner
USU 13a	AL RESIDENCE (IF NURSING	GHOME OR C		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS		
	Md.		rles	La Pla		YES NO X		Box 207		
14 F	ATHER'S NAME	**	IDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	WIDDLE	146	
	*****		arnes	LASI		Ellen		MIDDLE	Nall	ev
	WAS DECEASED EVER IN	U.S. ARM		166. SOCIAL SECU	RITY NO.	17. INFORMANT	- Tr 3 T	PODRESS BOX		
1	Yes, NOORUNKNOWN)	WW1	WAR OR DATES	217-32-	1241	Wallace Ba	rnes	La Plat		land
	Canditions, if any, v		(1b)							
CATION	couse (o), stating	the	DUE TO, OI	R AS A CONSEQUE		OT RELATED TO THE TERM	INAL DISEAS	Part 20b. IF YI	ES, WERE FINDIN	IGS USED
AL CERTIFICATION	couse (0), stating underlying couse PART THEE STONE W. DATE OF CHERAIK 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAI	the last	(c)	ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	OT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	70e AUTC	20b. IF YI IN CERT	ES, WERE FINDING CAUSES	IGS USED
MEDICAL CERTIFICATION	couse (a), stating underlying couse PART THE SIGNIF WE DATE OF CHERATE 21a. ACCIDENT WAS UNDER	RLYING USE OF DEAT.	(c)	TION FOR WHICH FINJURY M. MONTH DA	OPERATION YEAR	N WAS PERFORMED	70e AUTC	20b. IF YI IN CERT	ES, WERE FINDING CAUSES	IGS USED OF DEATH?
1077	COUSE (0), stating underlying couse PART THER SIGNIF 10. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL THE NUMBER OF COURSE	RLYING USE OF DEAT EXAMINER) Whis haspital alive and did (did not)	21b. TIME O HOUR A. 21b. PLACE (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. e deceased from	OPERATION OPERAT	21c. HOW INJURY OCCURS 21t. LOCATION STREET	RED (ENTER NA	70b. IF YI IN CERT Y TURE OF INJURY IN ITEM 18.	ES, WERE FINDING CAUSES (ES	IGS USED OF DEATH? NO STATE that T (we) lost couses stated
1070	Couse (0), stating underlying cause PART THE SIGNIF 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL THE NURY OCCURRED CAI Saw the deceased obove, (1) (we) (did	RLYING USE OF DEAT EXAMINER) Whis haspital alive and did (did not)	21b. TIME O HOUR A. 21b. PLACE (AT HOME, STR	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. 19 ofter death.	OPERATION 19 ARM, ETC.)	211. LOCATION STREET 19 and that in (aur) apinion of PHYSICIAN	RED (ENTER NA	TORE OF INJURY IN ITEM 18.	ES, WERE FINDING CAUSES (ES	IGS USED OF DEATH? NO STATE that (we) lost couses stated

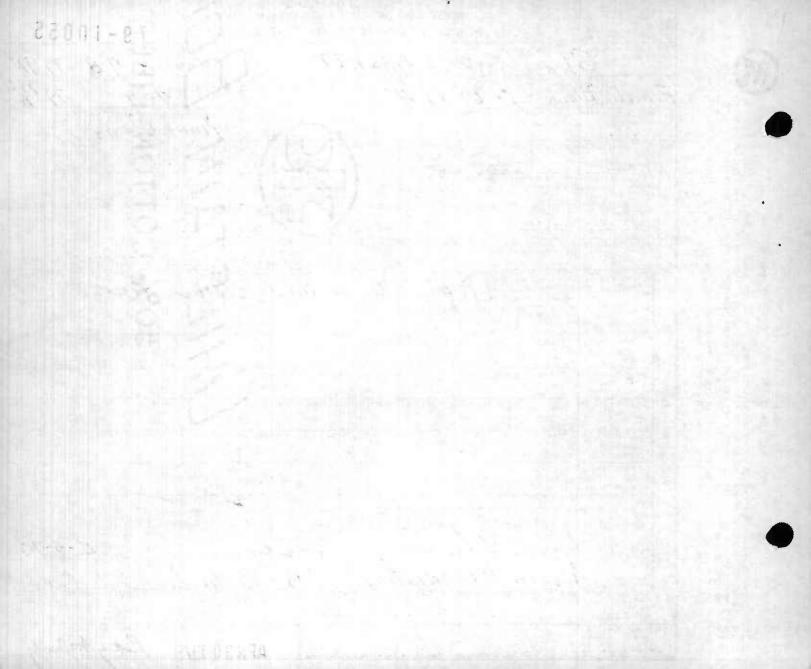
DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Huntt Funeral Home

Waldorf, Md

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19	FOR STATE REGISTRA	D.		DEPARTMENT OF I			EDEATH	G. 76.9 -	10055	
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4201 F ANY (RETAIL RECORD	13a STATE	Md 13b. COUNT		13. CITY OR TOWN Seat Plea	sant	13d INSIDE CITY LIMITS? YES NO [624 Birchle	eaf Aven	ue	
MD. ATH.	14. FATHER'S N	^{IAME} Lliam Griffi	MIDDLE	LAST		15. MOTHER'S MAIDE Jess	MIDDLE	se	LAST	
MORE, MORE, PAGE FORM SS 1 AND	160. WAS DECE	ASED EVER IN U.S. ARM		16h. SOCIAL SECURIT	Y NO.	17. INFORMANT		ORESS •		
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM VITH FORM PAGES 1 A DIVISION OF	No	SE OF DEATH (Enter anly		Unk		Hampton Ba	skett/husban	nd/ 112-	14-203 S	
RDS, 301 W. PRESTON ST., EXECUTED WITHIN 24 HOLING" IN PENCIL IN ITEM 18 BICAL EXAMINER ALONG VA BURIAL-TRANSIT PERMIT H AND MENTAL HYGIENE, E ATION, OR REMOVAL.	Can gav caus lying	ditions, if any, which e (ise to immediate (a) stating the undergrouse lost.	CAUSE (d) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE (OF		RTI(o).	disce	e-e-	
ITAL RECORDS, 3 SHOULD BE EXEC SRO "PENDING" I E USED AS ABOLCAL TO FIEATH AND IAL, CREMATION,	19a. DAT	E OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?	
OF VITAL ATE SHO WORD THE CHIE TO BE US BURIAL,	E STEVE	ERNAL CAUSE WAS	21b. TIME OF	ALUEN	In us					NO 🗌
N SEOUSE	S UNDERL CONTRI	YING OR BUTING CAUSE OF DI	HOUR A.M	. MONTH DAY YEAR	2		D (ENTER NATURE OF INJURY IN IT	IEM 18 PART TORPAN	(12)	
DIVISIO PET HIS CERTIF TE, WRITING TE, WRITING TRWARDED TE TE PAGE 3 SHOTE DEPAGE 21201 PRIOR	WHILE AT WOR	RK NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COU	NTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV PAGE 4 SHOULD BE FORV AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:	death r ACTUAL SIGNAT	URE ALGUM	af the remains des		Autopsicide	Hamicide TITLE SPECIFY D. SPECIFY ADDRESS 1	Inquiry I, Undetermined manner MEDICAL EXAMINER WHITE COM	DATE SIGNE	4-9-7 4. Own	ligh.
TO T		EMATION REMOVAL 73		Md. Nat		CREMATORY Pk.	23d LOCATION CITY OR TOWN Iaurel,	Md.	11y 9002	2
DHMH-17 20M 1/73	24. FUNERAL E		4-14-79					REGISTRAR'S S	IGNATURE ,	-
(VR A15 ME (5))	John	T. Rhines (0.,3015	12th St.N.	E., I		PR 3 0 1979	firthe	probre	4



STATE OF MARYLAND 79-10056 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) JESSIE AUGH MAN 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR JULY 5,1887 HOURS FEMALE WHITE 7a BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED A NEVER MARRIED PENNSYLVANTA U.S.A. PRINCE GEORGES DIVORCED | 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY MANOR CARE ADELPHI **ADELPHT** HOUSEWIFE W. PRESTON ST., BALTIMORE, MARYLAND 2120 130 STREET ADDRESS 1400 FENWICK LANE 15 MOTHER'S MAIDEN NAME MIDDLE MURPHV FLIZABETH HTRAM UNKNOWN 17 INFORMANT DAUGHTER 12600 CONN AVENUE 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 578-38-6676 MILDRED L. WEINSTEIN WHEATON. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY BREAST 4 YEARS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [burial-transit Mental Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STATE CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from opinion death occurred on the date and hour and from the causes stated sow the deceased alive on APA and that in (my) 22b. SIGNAT 22c. DATE SIGNED PHYSICIAN MEDICAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be with the S WALTER GOOZH 2309 SHOREFIELD ROAD, WHEATON, MARYLAND 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2500 BURTAI GATE OF HEAVEN SILVER SPRING MONT MD 24 FUNERAL DIRECTOR FRANCIS J. COLLINSRESS 25a DATE REC'D. BY REGISTRAR DHMH - 16 50M 1/76 MAY 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST MIDDLE DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) FRANCIS ANTHONY BILOTTA DEATH MATED 1979 9:30 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 20. DATE LAST BIRTHDAY) FOR YOUR WITHIN 72 H PRONOUNCED DEAD Male Dec 20,1922 Cauc YRS 4-14 930 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. WIDOWED . DIVORCED Penna. Prince Georges PAGE 5 E FILED, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 2, AND 3 TO T 3. RETAIN PACE SHOULD BE FI Rrince Georges General Hospital Cheverly Music Musician USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 133d. INSIDE CITY HAUTS? 13e. STREET ADDRESS 13460 YES X Md. Geo NO [Bowie Yorktown Drive FORM PM 3. FORM PM 3. ES 1 AND 2 SHON OF VITAL R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Joseph Bilotta Catherine Qualtieri 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 189 18 0063 Rose Marie Bilotte CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG VOSED AS A BURIAL-TRANSIT PERMIT.

F HEALTH AND MENTAL HYGIENE, D

CREMATION, OR REMOUA! BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Congestive Heart Failure

(DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Arteriosclerotic Cardiovascular Disease gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? 90 BUR!AL, YES [NO T BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M PRIOR TIE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION PAGE 3 SI STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK (ECUTE THE CENTIFICATION AGE 4 SHOULD BE FORW

O FUNERAL DIRECTOR: P.
FIFR DEATH, WITH THE ST

ALTIMORE, MARYLAND, 21: 22a. I certify that I took charge of the remain sescribed above, held on Inspection Autopsy death resulted fram Homicide Undetermined manner TITLE (SPECIFY) 4+14-79 MEDICAL EXAMINER EXAMINER'S NAME Augusto 12800 Willow Wind Cir. Oxon Hill RodMguez. M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cheltenham, Maryland STATE 18 APR 79 Md. Vets. Cemetery Burial BP 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE M. FUNERAL DIRECTOR Robert G. Beall Funeral Home **DHMH-17** 9013 Annapolis Road Lanham, Md. 20801 w Dallura (VR A15 ME (5)) 15M 7/77

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6 6		FOR STATE REGISTRAR	DEPARTA	MENT OF HEAL	MARYLAND H AND MENTAL HYG TE OF DEATH	REG. NO. 9	-1009	58
(M)		DECEASED NAME FIRST	prence Wetherald	BISCHOF]	7	April 17	, 1979	26 HOUR 11:45p, m
ge 4 mp. ector, pe	3.	female	4 RACE white	5. DATE OF BIT	TH DAY 1917	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	
deoth. Par uneral dir hin 72 hau	35 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X	XVEVER MARRIED DIVORCED	Prince Georg	NTY OF DEATH	nty MD.
ofter the f d wit	70 40	CITY OR TOWN OF DEATH Lanham	DOCTOTS HOSPITAL, NURSIN			ystem recompation	PLIFE) 126. KIND (INDUSTRY)	of Business or
NND 212	5	SUAL RESIDENCE (IF NURSING HOME COU 30. STATE Md Pro	or other institution, give residence before inty Georges College	N 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS 9255 Limes	tone Plac	ce
BALTIMORE, MARYLAND 2120 rate be executed within 24 hours systicion and completely filled in by spers. Pages 1 and 2 should be fill vol. t, the medical examiner must be no	660	FATHER'S NAME FIRST Joseph J	Wetherald LAST	15	AOTHER'S MAIDEN NA FIRST Sallie	Raiford	LA	AST
IMORE,	1 16	a. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) NO	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 212 12 (arold H J B	ADDRESS Birshoff Co	llege Par	rk, Md
201 W. PRESTON ST., es that the death certific ned by the ottending phy please remove carbon po uriol, cremation, or rema v, or ather troumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	RELATED TO THE TERM	SINAL DISEASE OR CONDITION	GIVEN IN PART 1	(0)
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DIVISION OF VITA TO HOSPITAL OR ATTENDING PHYSICIAN: Theretoired by the hospital or ottending physicic TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriot-transit with the State Dept. of Health and Mental Hygii with the MADORTANT: If them 21 is marked or them 18 should be approved to the purpose.	11.	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) WHILE NOT WHILE AT	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR 19 21f FARM, ETC.) DEG	LOCATION STREET 19 19 11 III (Intr) (Outr) Opinion REE ATTENDING PHYSICIAN [ADDRESS	CITY OR TOWN CITY OR TOWN deoth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN LITY Boulevard, E	L hour and from the	ING
7301 Bb Ogg -	23	Be. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEME	ery or crematory	23d LOCATION ery Charles twood	Proweer	ges stand.
DHMH - 16 50M 1/76 (VR A 15 (4))	24	I. FUNERAL DIRECTOR	s P A Hyattsville	e, Md.	2AP1	15.3 1979 TRAR 2512E	The state of the s	LUBE-Ly

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 29 19 79 Veronica Bittner 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 2c. DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 12:30 Female White DEAD 1979 1963 16 YRS To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X FOREIGN COUNTRY) U.S.A. WIDOWED . DIVORCED Prince George's County South Dakota 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Prince George's General Hospital Cheverly Student None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS 539 Wilson Bridge Drive Prince George Oxon Hill YES XX NO Maryland OFWITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST LAST FIRST Emil G. Sowade Bittner Ursula 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 539 Wilson Bridge Dr. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-92-3482 Ursula Bittner Oxon Hill, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries PRESTON DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES W NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING TO OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 11:10M. 4 28 19 79 pedestrian struck by auto PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 3 SH 71d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Rt. 202 n. of Kirby Hill. Oxon Hill, P.G., MD street X CTOR: H THE S 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Undetermined manner Hamicide death resulted fram: TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Deputy Chiefedical EXAMINER 4/30/79 SIGNATURE. EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION REMOVAL 23b. DATE Suitland Prince George's Md. 5/2/79 Cedar Hill Crematory 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Arabrado Oxon Hill. Md. (VR A15 ME (5)) George P. Kalas Funeral Home 15M 7/76

FOR

REGISTRAR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78

Robert G. Beall Lanham F.H.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

12h, KIND OF BUSINESS OR

Harper

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

Maryland

22c. DATE SIGNED

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5:00 AM

IF UNDER 24 HRS

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IF UNDER 1 YEAR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Tom R. DEATH MATED DADril Bolling 23 19 79 6 AGE (IN YEARST IF UNDER 1 YR. IF UNDER 24 HRS. 4 RACE 5 DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 1:55 M DEAD 19 76 White June 26,1912 66 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) North Carolina WIDOWED -DIVORCED Prince George IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Greater Laurel Gen'l Hospital OR INDUSTRY FOR MOST OF WORKING LIFE! Laurel BE. Rrt Metal Co Foreman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a STATE 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO [Maryland Gents Beltsville Aitcheson Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST John Bolling Gordon Margaret 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 225-05-2863 Frances W. Bolling (wife) same as bl 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF RIAL-TRANSIT R MENTAL HYO OR REMOVAL. Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES [] NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK THE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural couses Suicide Homicide Undetermined manner DIRECT LE (SPECIFY) TO MEDICAL ED EXECUTE THE CIPAGE 4 SHOUL TO FUNERAL DAFTER DEATH, VARIANORE, MA MEDICAL EXAMINER EXAMINER'S NAME 12800 Willow Wind Circle, Oxon Hill, Md. Augusto Pl Rodriguez, M.B. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE Lincoln Cemetery Brentwood 24. FUNERAL DIRECTO 250. D'ATE APPREYREGIS 97 DHMH - 17 (VR A15 ME (5)) Francis Gasch's Sons, PA HYattsville, Md. 15M 7/77

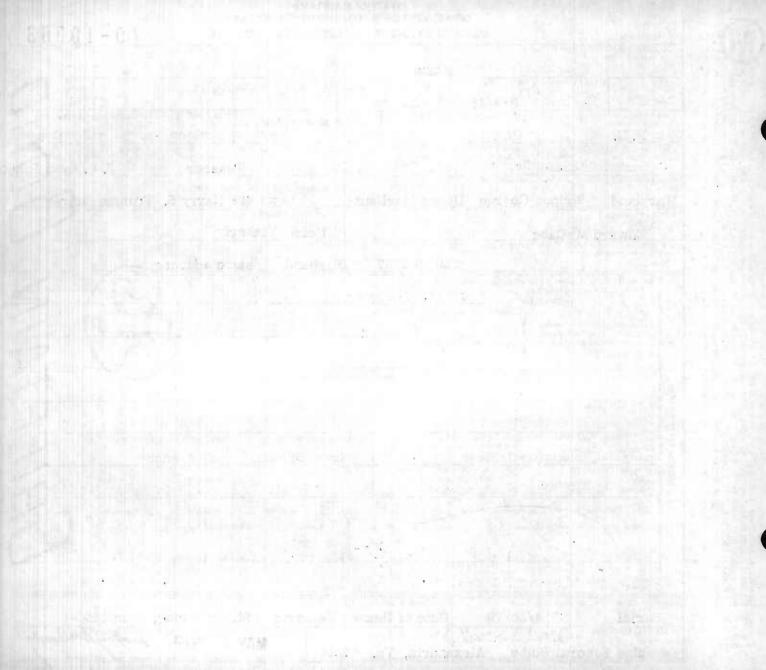
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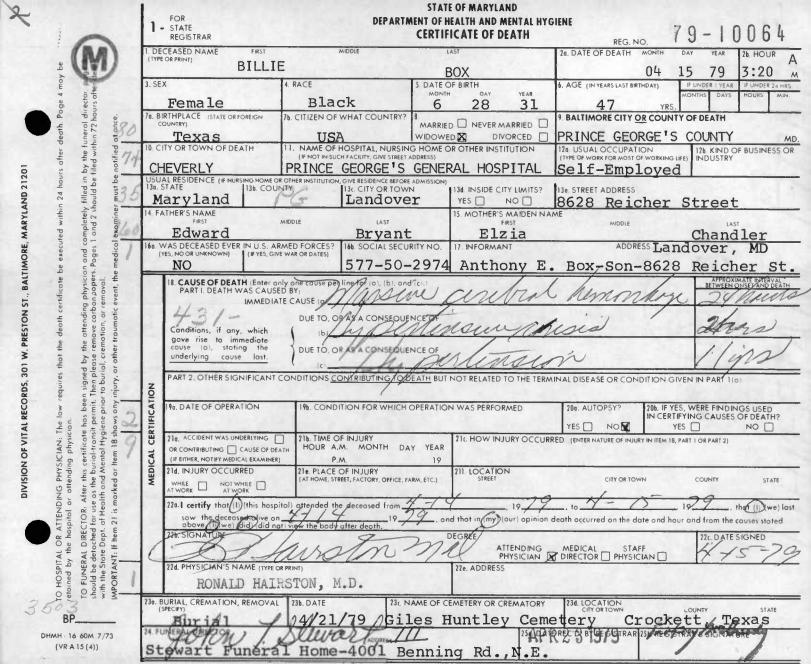
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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600-Kennedy St. N. W

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR - STATE

(VR A15 ME (5)) 15M 7/76

REGISTRAR

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 4th 1979 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS IF UNDER I YEAR HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Prince Georges 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 8900—Oxon Hill Road Beans Elsie B. Wynn- Same as Item # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MO. 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Apr. 5-1979 PHYSICIAN DIRECTOR PHYSICIAN Wash. STATE COUNTY Washington, Oxon Hill. Md 25.0 DATE REC'D. BY REGISTRAR 25.6 REGISTRAR'S SIGNATURE APR 9 1979 George P. Kalas-6160-0xon Hill Rd

8-10067

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	1	REGISTRAR				CENTIL	ICATE OF DEATH	REG	. NO. *	0 10	
		EASED NAME	FIRST		MIDOLE		LAST	20 DATE OF DEATH	HINOM	OAY YEAR	26 HOUR
33.			Winif	red	Н	Bro	ooks	April 7,			9:45
	3 SEX			4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
		emale		Neg		Jui	ne 27, 1898	80	YRS		
85		THPLACE (STATE OF W. Va.	FOREIGN	USA	what country?	WIDOWE		Prince	OR COUN	TY OF DEATH	7.6
00		ttsville		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET. New Hamps	ADDRESS)	Ave.	(TYPE OF WORK FOR MO) Retire	TOF WORKING	LIFE) INDUSTRY	one
35	USUA 13g S	L RESIDENCE (FINITATE Md	13b COUN		GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRES		nire Ave	., #30
164	14 FA	THER'S NAME FIRST Matthe		MIDDLE	Hunte	r	15 MOTHER'S MAIDEN NA FIRST Fannie	WIODIE		Kirtley A	SI
1	16g W	(AS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR OATES)	235-30-		TIL. DOWSOIL	Brooks/gra			
		18 CAUSE OF DEA	ATH (Enter or	ly ane cause per	line for (a), (b), one	d c	Hampshire A	ve., Hyatt			
		Conditions, if ar gave rise to in cause (a), sta	IMMEDIA ny, which mmediate ting the	DUE TO, O	R AS A CONSEQUE	ENCE OF	ANDIBE INFOR	reten		10	aij
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2 2	MEDICAL	Conditions, if or gave rise to it cause (a), sta underlying counderlying counderlying countries. 21a. ACCIDENT WAS LOOK CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCUMENTS AT WORK AT A CONTRIBUTION CONTRIBU	IMMEDIA ity, which mediate ting the se lost GNIFICANT (ATION INDERLYING [CAUSE OF OF, CAUSE OF, CAUSE OF OF, CAUSE OF OF, CAUSE OF,	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME O HOUR A. P. 21c. PLACE (AT HOME, STE	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO E AL ALGO OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceased from AL 24 19 after death.	ENCE OF ENCE OF OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM Poly Cy STC N WAS PERFORMED 216. HOW INJURY OCCUR! 216 LOCATION STREET 217 19 79 and that in (my) 100 pinion DEGREE PHYSICIAN 22e ADDRESS	ZOG AUTOPSY? YES NO RED (ENTER NATURE OF III CITY OR death accurred on the	20b. IF Y IN CER IN CER TOWN de date and h	COUNTY 19 79 Our and fram the	NGS USED SOF DEATH? NO STATE that (I) (we) couses stated SIGNED

BP. DHMH - 16 60M 1/75

TO HOSPITAL OR ATTENDIN

(VR A 15 (4))

FOR

80001-81

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST DECEASED NAME 20 DATE OF DEATH MONTH YEAD 2b. HOUR TYPE OR PRINTS -PIN-OWEN ALLEN BUCK 04 18 9:20P.M 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH DAYS HOURS director, Male Caucasian 05 23 22 56 YRS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED Prince Georges County Maryland WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST PWORK TO UFF SOUTHERN MARYLAND HOSPITAL CENTER U.S.Govebn-Clinton BALTIMORE, MARYLAND 21201 Carrier USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13e STREET ADDRESS 13 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? pino Md. Pr. Geo. Upper Marlboro 12502 Woodstock Dr. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Ball W. M. George Buck Lena ADDRESOO 16g WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Queensbury Rd (IF YES, GIVE WAR OR DATES) 216-14-3919 Annie B. McCeney-Riverdale Md. 20840 Yes WWIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY 201 W. PRESTON ST., mest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO OR AS A CONSEQUENCE OF murrandeal Interview oth underlying couse ö ble PART 2 OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? shows be NON YES [Hygien 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR urio -tr OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 He 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from DIRECTOR sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL STAFF ** ATTENDING PHYSICIAN A FUNERAL DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) old b Cheverle, Md 20 185 shoul with Md. Veteran's Cem. 236. LOCATION 23g. BURIAL CREMATION, REMOVAL 23b. DATE Cheltenham (Pr.Geo's) Md. Burial 4/23/79 Traffing MELLERY -Uppers Marlboro, Md. 20870: . Coleman DHMH - 16 60M 1/75 (VRA 15 (4)) Funeral Home

STATE OF MARYLAND

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	ene liluxulyuk -	80Se		d (aun)	.ce0	
	The Car			9.		mot.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 hours with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.

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requires that the death certificate be executed within 24 haurs after

TTENDING PHYSICIAN. The law

retained by the haspital or attending physician

TO HOSPITAL

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10071

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	100		
	DECEASED NAME FIRST (YPE OR PRINT)	MIDDLE	·	AST	26. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOL	JR
	AI BERTA	M	BURT	ON	04-12-79			13:1	5PM
3	SEX	4 RACE		F BIRTH	6. AGE JIN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER	
Ш	female	negro	09	06 1909	70	YRS.	MONTHS DAYS	HOURS	MIN
1	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	BALTIMORE CITY O				
	Maryland	U.S.A	WIDOWE		PRINCE GEO				MI
+		11. NAME OF HOSPITAL, NURSE (IF NOT IN SUCH FACILITY, GIVE STREE PRINCE GEORGE'S	HOSP I		129 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF HOUSEWII		12b. KIND C INDUSTRY NON		ESS OF
	SUAL RESIDENCE HE NURSING HOME OF	1134 CITY OR TON		13d. INSIDE CITY LIMITS? YES NO	5000 GOO.	Pal	mer Hw	У	
6	FATHER'S NAME George	MIDDLE Bris	coe	Naggie	WE		Chapin	ian	
161	WAS DECEASED EVER IN U.S. AR IYES, NO OR UNKNOWN) (IF YES, GM	MED FORCES? 146 SOCIAL SEC 579 -22		Phillip Bu	addre arton 6000		. Palm	er :	Hwj
CENTIFICATION		DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO THE S FOR A LIBRARY OF WHICH	DEATH BUT	not related to the term	Accrelon +	20b. IF YES	, WERE FINDI	VGS USE	
7 1	4/12/79	In Lest	inf	Obstructo	YES NO	IN CERTIF	YING CAUSES	OF DEA	
	OR COLUMNIA COLUMN OF THE	THE HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)		
AMEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N /	COUNTY	s	TATE
	sow the deceased alive on	tal) attended the deceased from. 19 19 19 19 19 19 19 19 19 19 19 19 19 1	79.0	nd that in (my) (our) opinion of	depth occurred on the do	te and hou	19 7 9. or and from the	couses st	
	Sterler 22d PHYSICIANS NAME LIVER O	DInto,	Zu s	ATTENDING.	MEDICAL STAF	F IAN 🗌	4/	14/	79
	STEPHEN 2	PROTOS, M	-2		DWOOD PE	mee,	Silve	Spr	in
23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 4-19-79	NAME OF C	emetery or crematory On Men. Concle	23d LOCATION CITY OR TOWN SELLED	D,	You	yla	od C

DHMH-16 20M (VRA 15, 4) 7/78

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR = STATE REGISTRAR			IT OF HEALTH AND MEN ERTIFICATE OF DEA		REG. N	79	-10	072
	ECEASED NAME FIRST	-	AIDOLE	LAST	2a C	ATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		LMA	Vern BY	RNE			04-21	-79	5:45PM
3. 5	EX	4 RACE	5	DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	FEMALE	WHITE	Jan Barrie	AUG 8,1909		69	YRS		
	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED KENEVER MAR	RIED . P. BA	ALTIMORE CITY C	OR COUNTY O	FDEATH	
L	WASH. D. C.	U.S.A.				PRINCE G			
9	CITY OR TOWN OF DEATH	(IF NOT IN SUC	OSPITAL, NURSING H H FACILITY, GIVE STREET ADDR GERRGES H		LTYPE	USUAL OCCUPAT FOR WORK FOR MOST OF HOUSEWIF	DE WORKING LIFE		OF BUSINESS OR
13a	ARYLAND PRI			AISSION) 13d. INSIDE CITY L		STREET ADDRESS 4410 OG	LETHORP	E STR	EET
14. 6	FATHER'S NAME CHARLES	MIDDLE H.	LËÄVELL	IS. MOTHER'S MA		MIDDLE	MURP	'HY	ST
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECURITY		11 5	ADDR			
	NO		220-74-59	12 WILLIA	MP. BY	RNE S	AME AS		HUSBAND
	18 CAUSE OF DEATH (Entre PART I. DEATH WAS CA	er only one couse per	line for (o), (b), and ic	O a tra		· day	1.	BETWEEN	MATE INTERVAL ONSET AND DEATH
		DIATE CAUSE (a)	ceuse Fails	ul - sepsis	s uu	nowy.	10		
1	431-		AS A CONSEQUENCE	E OF LE >11	- conti	rentina	H		
	Conditions, if any, which	(b)	gun ugan	11 173 - 1000	, -04	2 - afrai	7	-	
	cause (a), stating the	DUE TO OF	SWEDTER	20 to pon	He in	haceleba	Heed.		
NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL	DISEASE OR CON	IDITION GIVEN	IN PART 1	01
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	ERATION WAS PERFORME		AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	NG CAUSES	NGS USED S OF DEATH?
18	21g. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	21c. HOW INJUR	Y OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
3	OR CONTRIBUTING CAUSE OF	W DEATH		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM,	21F LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
1	AT WORK AT WORK						- /-	-	
1	220 I certify that (I) (this h sow the deceased aliv abave, (I) (we) (did) (di	e on +b	19 7	7 , and that in (my) (our	9 77, to opinion death	occurred on the d	ote and hour a		that (I) (we) lost couses stated
П	226. SIGNATURE	74.11/4-	dievaean.	DEGREE		5 2		22c. DATE	SIGNED
L		mount	w			DICAL STA		4/2	2/29
	M, PLAZA	PONTE	MD	220 ADDRESS	e 6lor	92'1 6	ouera	o Ho	Portid
23a.	BURIAL, CREMATION, REMO			AE OF CEMETERY OR CREA		d. LOCATION CITY OR TOWN		YTHUC	STATE
	BURIAL	4/24/7		ATE OF HEAVE		SILVER S		MON	
	FUNERAL DIRECTOR FRA		LLINS ADDRESS	00001	250. DATE REC	D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	Creds
50	O UNIV.BLVD.,	W., SILVER	SPKING, MU.	20901	I APR	54 19/9	1	/	1

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STATE OF MARYLAND 79-10073 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 26 DATE OF DEATH MONTH 26 HOUR April 9, 1979 12:05 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Prince George County 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hom e Capital Str Camphell New Tazewell, Tenn.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days

YES [

COUNTY

STATE

NO F

22c. DATE SIGNED

April 9,1979

STATE

20769

Tazewell, Tenn RY HOLD AR 256. PLESTANY SENT COM

DHMH - 16 60M 1/75

24. FUNERAL DIRECTOR (VRA 15 (4))

FOR

REGISTRAR

- STATE

Burial

April 12

Robert G. Beall F.H. 9013 Annapolis Rd. Lapham

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retained by the hospital or attending physician.

TO HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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100							ICATE OF DEATH	REG. N	10.			
	1. DEC	CEASED NAME OR PRINT)	FIRST Elm		B.		ampbell	20. DATE OF DEATH	2 8	DAY YE.	9 2b	1. HOL
	3. SEX	Male		(RACE Whi	te	5. DATE C	7 9, 1.91.2 YEAR	6. AGE (IN YEARS LAST BIR	YRS		DAYS H	OURS
83	7a. B11	RTHPLACE (STATE OR DUNTRY) Virgi		76 CITIZEN OF USA	what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Prince Geo	_			
84		ty or town of de Laurel	1	Greate:	Laurel	ADDRESS) Belts	orotherinstitution ville Hospita	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Building	ION OF WORKING SUPET	UFF) 12b. KII INDUS V1 50T	TRY Cour	nty
33	USU A 13a. S	AL RESIDENCE (IF NUI	HA COUN P G	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOW Laurel	/N	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	130 STREET ADDRESS	Court	Apt 2	Scho 1.7	ool
Somme	14 FA	Charles (Cam	pbe11	LAST		15. MOTHER'S MAIDEN NAME MARY TUC	ker			LAST	
medicol	16a W	VAS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	224 01,		Mary Campbe	ADDR 11 same as		е		
oumatic		Conditions, if on	r, which	DUE TO, O	CUNK.		- I Live	r			101	100
injury, or other froumatic	NOI	gove rise to in couse (0), stat underlying cous	nmediate ing the e lost.	(b)	R ASTRONSEOUR	ency of	/		IDITION G	GIVEN IN PAI	30	rec
ows any injury, or other troumatic	TIFICATION	gove rise to in couse (0), stat underlying cous	nmediote ing the se lost. GNIFICANT C	DUE TO, O	R AS TO PISEOUR ONTRIBUTING TO I	ENCYOF	hm		20b. IF Y	GIVEN IN PAI	NDINGS JSES OF	DEAT
tem 18 shows any injury, or other troumatic	CAL CERTIFICATION	gove rise to im couse (a), state underlying couse PART 2. OTHER SIG	amediate ing the ing t	DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 197 HOUR A.	R AS TO WISEOUR ONTRIBUTING TO I	ENCY OF MALE	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20a AUTOPSY? YES \(\text{NO} \)	20b. IF Y	'ES, WERE FI TIFYING CAI YES []	NDINGS USES OF	
irked or Item 18 shows any injury, or other froumatic	MEDICAL CERTIFICATION	gove rise to in couse (i0), stot underlying cous PART 2. OTHER SIC 19a. DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. INJURY OCCUI	INTERIOR OF THE PROPERTY OF TH	DUE TO. O (c) ONDITIONS CO 196 COND 196 COND 196 COND 196 COND 216 TIME C P 21e PLACE	R AS TO MSEOUR ONTRIBUTING TO I OF INJURY M. MONTH D.	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20a AUTOPSY? YES \(\text{NO} \)	20b. IF Y IN CER	'ES, WERE FI TIFYING CAI YES []	NDINGS JSES OF I	DEAT NO
I is marked or Item		gove rise to in couse (10), stot underlying cous PART 2. OTHER SIC 19a. DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. INJURY OCCUI WHILE NOTIFY ATWORK 27a. I certify that (sow the decee	ATION ATION ADERLYING CAUSE OF DEAL EXAMINER) RRED WHILE CORK I) (this hospit sed olive on	DUE TO, O CONDITIONS CO 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. HOUR A. CATHOME, STI	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO I OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F LE deceased from 19.5°	ENCY OF ENCY O	NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCURP	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF Y IN CER JRY IN ITEM 18	YES, WERE FITTIFYING CAI YES B, PART I OR PAR COUNTY	NDINGS JSES OF 1 1 (12)	ST.
MPORTANI: If them 21 is marked or Item 18 shows any injury, or other traumatic		gove rise to in couse (10), stot underlying cous PART 2. OTHER SIC 19a. DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. INJURY OCCUI WHILE NOTIFY ATWORK 27a. I certify that (sow the decee	ATION AT	DUE TO, O (c) 19b COND 19b COND	R AS THOMSEOUR R AS THOMSEOUR THOM FOR WHICH OF INJURY M. MONTH D. OF INJURY REET, FACTORY, OFFICE, F ofter deoth. CENEY M. D.	ENCYOF ENCYOF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCURE 211. LOCATION STREET	ZDO AUTOPSY? YES NO CENTER NATURE OF INJURED (ENTER NATURE OF INJURED) CITY OR TO COMPANY AND COMPAN	20b, IF Y IN CER	COUNT	NDINGS JSES OF 1 1 (12)	ST.

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attending physician and collave carbanpapers. Pages 1

the burial-transit permit. I and Mental Hygiene priar marked or Item 18 shaws any

TO FUNERAL DIRECTOR: should be detached far use with the State Dept. of Hee IMPORTANT: If Item 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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19-	ı	U	U	-	J

	- STATE REGISTRAR	DEI ANT	CERTIF	FICATE OF DEATH	REG. N	79-1	00/5
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MAE	C	AMPBELL	april a	MONTH DAY YEAR 8 1979	7:15 M
	3. SEX female	white	5. DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YE MONTHS DA	
	70. BIRTHPLACE ,(STATE OR FOREIGN COUNTRY) Canada	76 CITIZEN OF WHAT COUNTRY? Canada	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		orges Count	
	10. CITY OR TOWN OF DEATH Riverdale	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 5705 Quintana S	(ADDRESS)		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Welder	OF WORKING LIFE) INDUST	DOF BUSINESS OR RY IS Lite Inc
	USUAL RESIDENCE (IF NURSING HOME O	rother institution, Give residence before NIY Georges 13 CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 5705 Quin	tana st.	
	14. FATHER'S NAME FIRST Norman Hai	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST Minni	- MIDDLE		LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTOR OF DATES 002 18		Dorothy M Mc	otes Riv	erdale, Md.	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO OR AS CONSEQUE DUE TO OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	-days
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH? NO
The second second second	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE ETHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH D	19	21t. HOW INJURY OCCURR 21t. LOCATION STREET	RED (ENTER NATURE OF INJU CITY OR TO		2) STATE
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	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			eters Cemeter	y Derby Ne	w Haven, Co	nnecticut

DHMH - 16 50M 7/77 (VR A 15 (4))

74 FUNERAL DIRECTOR
F. Gasch's Sons P A Hyattsville, Md.

Derby New Haven, Connecticut

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Service

Fairfax,

FOR Items 18b. Film#G532 - STATE 6-14-79 REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

79-10078 REG. NO 20. DATE OF DEATH 2b. HOUR 40 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Prince George County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Distributor Newspaner Ave Sherrard Catlett Laurel. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Va.

YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED

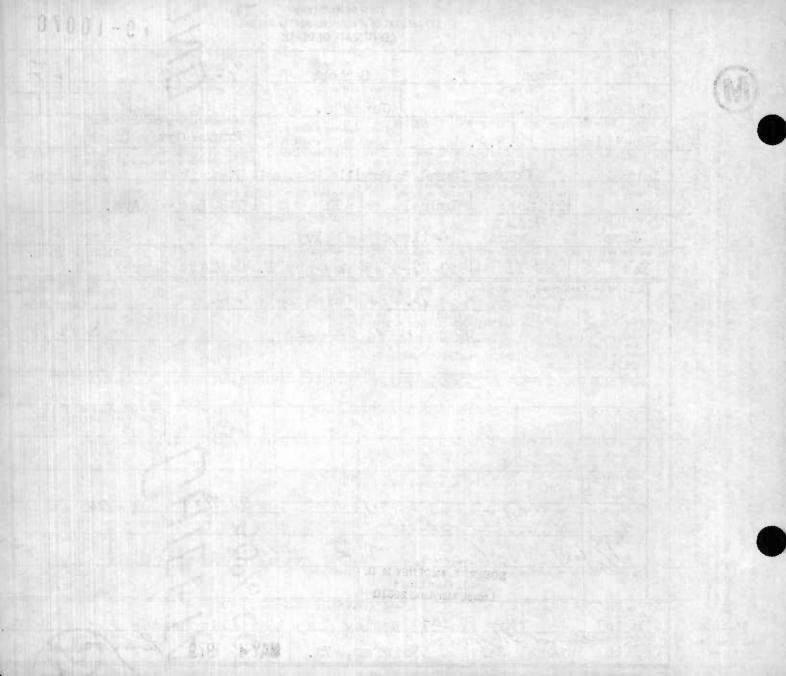
> COUNTY STATE

STATE

Winchester Frederick 250. DATE REC'D. BY REGISTRAR 21 PER ISTRAR'S SIGNATURE tistory Mabready

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR



STATE OF MARYLAND 7.9-10079 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN XX MONTH DECEASED NAME Zb. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Michael. 28 19 79 Chatman 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER LYR IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST AIRTHDAY PRONOUNCED 10:371 Male Black. DEAD 28 1979 12 25 73 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED | DWORCED Prince George's County. Md. USA 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Prince George's General Hospital FOR MOST OF WORKING LIFET Cheverly Student None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE 13b. COUNTY YES Z NO. 7909 Piedmont Avenue Md. Glenarden 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST Richard Chatman Martha Young Chapman DIVISION OF 166 SOCIAL SECURITY NO. 7. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unk Richard Chatman/father/same as 13e No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEA 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES XX NO E 3 SHOULD BE I 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING XOR 10:105A 4 28 19 79 CONTRIBUTING CAUSE OF DEATH pedestrian struck by auto 21f. LOCATION 71e PLACE OF INJURY EATHOME. 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE STATE C street Geo. Palmer Hwy. Glen Arden. P.G. MD Inquiry and in my opinion 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident X PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN Homicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 4/30/79 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto, MD. ADDRESS TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g, BURIAL, CREMATION, REMOVAL | 23b. DATE STATE Harmony Memorial Park 5-4-79 Burial Landover, Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John T. Rhines Co., 3015 12th St., N.E., D. (VR A15 ME (5)) 15M 7/76

10	5		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 - 1	0800
	d		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH RED. NO.	0000
	2025		CEASED NAME ROBERT	Frank Chipchak 20. Date known of esti- DEATH MATED 4-	DAY YEAR 26. HOUR 16 19 79 M
	DINECTO OUN IN	J SEX	16 Le White	5 DATE OF BIRTH MONTH DAY 6 AGE (I) FEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTH DAY 4 YRS. 6 AGE (I) FEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH PRONOUNCED DEAD 4-16	DAY YEAR 2d HOUR
	2000	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	18. CITIZEN OF WHAT COUNTRY? 8. MARRIED ANEVER MARRIED OF NEVER MARRIED OF MELL GRAND	Y OF DEATH MD.
	100	10. CI	oper Marlborg	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE ELIFET ADDRESS) 1008 DUILET WORTH KANCE 120. USUAL OCCUPATION (TYPE OF WORD FOR MOST PLAYORKING LIFE)	12b. KIND OF BUSINESS
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ST.,	24 HOURS ITEM 18. C LONG WI PERMIT P. GIENE, DIV		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT	DBY: (E. Mes Tu/monary West	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL	FICATE NO THE WOULD SOULD TO BUT		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ध 2)
DIVIS	WRITING WARDED 1 WARE 3 SH TATE DEPA 201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COL	UNTY STATE
	INER: T ICATE, FORV TOR: P THE ST ND, 21;	i,	22a. I certify that I taak charge	ge of the remains described obave, held an Autopsy , Inspection , Inquiry , and in my operal causes . Accident , Suicide , Hamicide , Undetermined manner ,	inion
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	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.		EXAMINER'S NAME COLS		Tanletten
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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Sr. IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED -0 DEAD YRS 7a. BIRTHPLACE (AM COLONTRY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 70001604 WIDOWED P DIVORCED ITY OR TOWN OF DEATH IN ME OF HOSPIPAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OT IN SUCH E CILITY, GIVE STREET ADORPSS) OR INDUSTRY Retired - Butcher JSUAL RESIDENCE - MINISTER HE OTHER MISTITUTION 13d INSIDE CITY HARITS? 13e. STREEJ ADDRES NO [] F PAGES 1, 2 FORM PM 3 FES 1 AND 2 SHOON OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Christ Unknown Bernard 17. INFORMANTRt. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 13, BoxADDRAS Frederick DIVISION WITH FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-20-5976 Walter O. Christ, Jr., Son No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). teraselegoses Cardistescalad di slan PART I DEATH WAS CAUSED BY: BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A I CERTIFICATION kritas USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES 🔲 NO 🗌 VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M 21201 PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY PAGE TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: 9
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21; 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide _____ Undetermined manner (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Suitland, P.G., Maryland Wash. Natl. Cemetery 4 - 5 - 7924 FUNERAL DIRECTOR Robt DHMH-17 20M 1/73 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Funeral Home Rd., Suitland, Md.

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME April 15/ (TYPE OR PRINT) KXXXXXX Henry Hawkins 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) Sept. 20.1883 Male White 95 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Prince George WIDOWEDX DIVORCED 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Md. Hosp. Center Ret. U.S.Govt. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13e STREET ADDRESS Accokeek 1909 Bryan Point Road P.G Md 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Hawkins John Thomas Clagett Julia 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 578-32-7274 H. Manning Clagett same as #13 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY epticemi A 2 MO. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF PANCREAS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION FAILURE. CONGESTIVE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 20a AUTOPSY? N CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that this hospital) attended the deceased from and that in my (aur) apinian death accurred an the date and haur and from the causes stated new the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED MO * ATTENDING ATTENDING ALEDICAL STAFF
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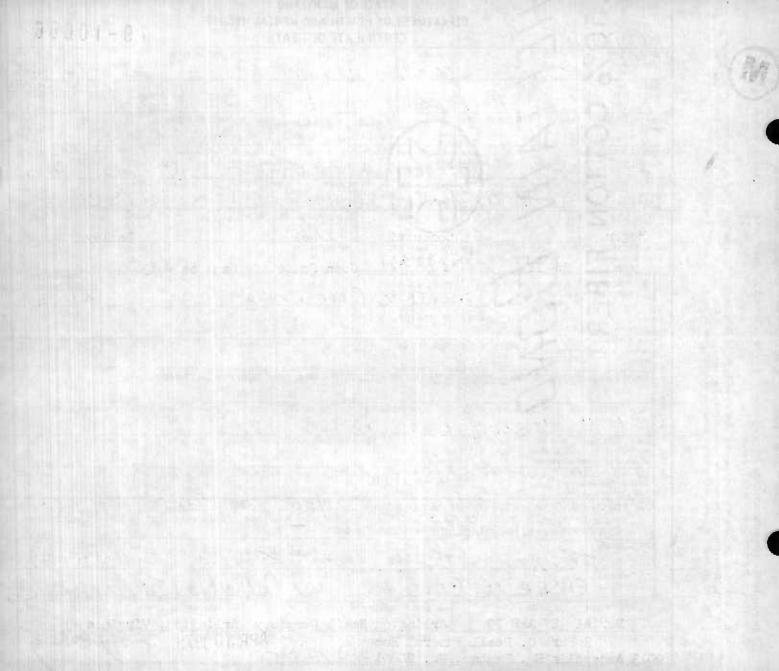
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH 26. HOUR TYPE OR PRINTS J 79 3:29P.M CHARLES COLLINS 04 05 DANIEL 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH 02 33 YEAR 46 Caucasian 26 Male 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York USA Prince Georges WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) photography audio visual Clinton SOUTHERN MARYLAND HOSPITAL CENTER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? P Hrince Georges Forrestville 7161 Cross Street Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIODLE puo Daniel C. Collins, Sr. unknown Mary Laura ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (spouse) Yes, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
Korean 072 26 6822Sue Anne Collins Same #13 as APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per fine for (a) tb , and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate cause (a), stating the oth underlying cause 0 d PART 2 OTHER SIGNIFICANT ENDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 71e PLACE OF INJURY 5 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. DEGREE 22c. DATE SIGNED 77h15IGNATURE H He ATTENDING MEDICAL PHYSICIAN DIRECTOR be deto should be deto with the State IMPORTANT: I FUNERAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Venkat Mani, M.D. Charles Professional Bldg. Waldorf, Me 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 235. DATE STATE 2103 Arlington National Arlington Va. Burial 10Apr 1974 24 FUNERAL ROBERT NAME ROBERT Wilhelm DHMH - 16 60M 1/75 Home Suitland, Md {VRA 15 (4})

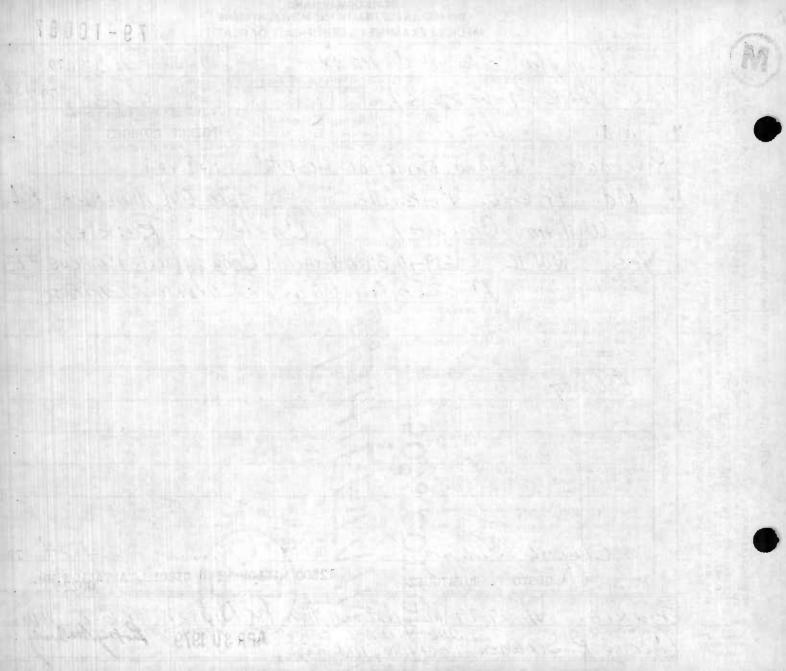
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-RAYMOND LEE COMBER DEATH MATED 19 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 4:09 DEAD April 29,1933 Male Cauc 45 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Prince George's County MD Virginia WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 120, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Hospital of Pr. Geo. Co. Cheif of Reprodctn 2, AND 3 TO 3. RETAIN PL SHOULD BE Lanham Doctors' NSA AND 2 SHOULD BE OF VITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Pr. Geo. Lanham YES 🔀 NO [8012 Greenfield Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST EIRST Arthur Ella Comber Ennis 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 229 36 0959 Yes Helen E. Comber Korean Same as 1B CAUSE OF DEATH (Enter only one couse perliste for (a), (b), and (c).) APPROXIMATE INTERVAL beferesus arter ioselus tre Cardes Vasant PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) < CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES [] NO. BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 213 220. I certify that I took charge of the remains rescribed above, held an Autopsy Inspection death resulted from: Suicide Homicide Natural causes Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, 0xon Hill Avgusto P. Rodriguez EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23b. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 16 Carmel Cemetery BP Burial Gap Mills. Virginia 250. DATE READ 24 FUNERAL DIRECTOR Robert G. Beald, Funeral Home **DHMH - 17** (VR A15 ME (5)) 9013 Annapolis Rd. Lanham, Md. 20801W Drulle 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH DECEASED-NAME Lost 2b. HOUR (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost hirthday) MONTHS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN NO 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Roger Condetti Ethel Bailev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dates of service) (Yes. no. or unknown) WW_II Joan Condetti APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ANCREATIC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 7 21a. ACCIDENT WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work _, 19 79, to 22a. I certify that (1) (this haspital) attended the deceased from. 1130 4/10 1974, and that in (my) (aur) apinion death occurred on the date and haur and from the saw the deceased alive an_ causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) - N 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Arlington Nat'l Cemetery | Arlington, Virginia 250. READDE DREGISTRANO 7 24. FUNERAL DIRECTOR Robert G. Beall Funeral Home DHMH-16 1/71 30M 9013 Annapolis Rd. Lanham, Md. 20801 WL (VR A15 (4))



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE KNOWN T (TYPE OR PRINT) OF ESTI-DEATH MATED April Lauretta 22 79 Costanzo 8:12 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 4. RACE 5. DATE OF BIRTH 2d HOWR 2c. DATE DAY LAST BIRTHDAY PRONOUNCED Female White Jan 27,1898 81 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Sicily WIDOWED Prince George'S 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS OR INDUSTRY Cheverly Prince George's Gen'l Hospital Housewife Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Pr. Geo's NO T 2307 Senator Avenue Hets 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST OF VIT Joseph Pardo Leonarda Arena 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 577-84-2333 Leona Prestandrea (dau) same as blk 130 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) levote Cardilleul diego PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF H PRIOR TO BURIAL, C NO te CERT 71g FXTERNAL CAUSE WAS 216 TIME OF INJURY 21c, HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 🔀 22a. I certify that I took charge of the remains described above, held an Autopsy Natural couses death resulted fram: Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) TO MEDICAL E.
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BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO 12800 Willow Wind Circle, Omon Hill, Md Rodriguez (TYPE OR PRINT) 23g, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 2301 Burial 4/27/79 Crestview Memorial Park BP Pine 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SHATURE 24. FUNERAL DIRECTOR **DHMH - 17** Francis Gasch's Sons, PA Hyattsville, Md. (VR A15 ME (5)) 15M 7/77

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7601 Sandy Spring Rd. Laurel

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REG. NO

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 7/77 (VRA 15 (4))

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or other traumatic		gave rise to immediate) (b)							
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9	IFIC						YES NO	IN CERTIFYIN	NG CAUSES C	OF DEATH?
0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		VJURY	21c	HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	-		
7	_	OR CONTRIBUTING CAUSE OF C		MONTH DAY	YEAR					
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		27b. SIGNATURE	not) view the body off	er death.	DEGR	EE			22c DATES	SIGNED
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	FOR STATE REGIS	TRAR	RST	DEPARTM LEDICAL EX	ENT OF HE	S CERTI	MENTALH	F DEAT	REG.		1009	4
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RRY, PLEA DIRECTE OUR FIL 72 HOU	FEMAI	E BLACK	5. DATE OF BIRT MONTH DA		AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAY		24 HRS. 2c.	DATE ONOUNCED 4- DEAD	- 7	79	1137
NECESSARY, PLEASE FUNCAL DIRECTOR 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET.	7a BIRTHPL FOREIGN C	ACE (STATE OR COUNTRY)	76. CITIZEN OF	WHAT COUNTS		MARRIED [NEVER MARR DIVORC	FD LI	PRINCE	GEORG!		~ MD.
THE IS THE PARTY IS THE PARTY IS 301 V		TOWN OF DEATH Cheverly		OSPITAL, NURS FACILITY, GIVE STRE Georg	ET ADDRESS)		ITUTION		LOCCUPATION (ST OF WORKING LIFE)	TYPE OF WORK	12b. KIND OF BI OR INDUST	USINESS
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO ENDERED AD INECTOR: PAFER PLEATH, WITH THE ST. BALTIMORE, MARYLAND, 21:	deo ACTI SIGN	th resulted from:	charge of the remains of Natural causes X,	Accident DDRIGHE	, held an	M.D. 128	Inspection in incide	Undetern	Inquiry X, nined manner AL EXAMINER ND CIRCLE	DATE SIGNE	4-7-79	4D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST Jona than DECEASED NAME Davis 20 DATE KNOWN (TYPE OR PRINT) ESTI-OF one then DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DEAD Ta BIRTHPLACE ISTATE OF 76. CITIZEN OF WHAT COUNTRY? BALTIMORECITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland WIDOWED DIVORCED ME OF HOSPIFAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS 2, AND 3 TO THE 3. RETAIN PAGE. SHOULD BE FILE OR INDUSTRY Construction Road RECORDS, INSING HOME OF OTHER INST 130 STREET ADDRESS 13d INSIDE CITY LIMITS? NO [VITAL 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE LAST MIDDLE LAST Theodore Davis Dorothy King OF MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) 1972-73 212 64 1571 Virginia Davis Same as 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL TRANSIT Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED , 19g, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214-HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH POR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF 21d INJURY OCCURRED INJURY (AT HOME. AT WORK NOT WHILE STREET, FARM, ETC.) COUNTY me 21201 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 Inspection 2 220. I certify that I taok charge of the remains described above, held on Autopsy Inquiry and in my apinion death resulted fram: Accident Notural causes Suicide Homicide L Undetermined monner (SPECIFY (TYPE OR PRINT) ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE THE LOCATION 23c. NAME OF CEMETERY OR CREMATORY Brentwood, Md. Fort Lincoln Cemetery Burial DHMH-17 20M 1/73 25a. DATE REC'D. BY REGISTRAR 15a REGISTRAP & STATE OF THE PROPERTY OF THE PRO 24. FUNERAL DIRECTOR 9013 Annapolis Rd. Lanham, Md. 20801 V (VR A15 ME (5))

1/	1	FOR		TE OF MARYLAND HEALTH AND MENTAL HYG	IENIE -	9-10096
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MARYLAND 2120 ed within 24 haurs umpletely filled in by and 2 shauld be fill examiner must be in	35	Md Pro	or other institution, give residence before admission unity 13c, CITY OR TOWN Cheverly	13d INSIDE CITY LIMITS?		nwood st
	60		F McCambridge	IS. MOTHER'S MAIDEN NAME FIRST Cather:	ine Kenney	LAST
BALTIMORE, cate be executable be executable. System and companies. Pages 1 vol.	1	(YES, NO OR UNKNOWN) (IF YES, G	RAMED FORCES? 166 SOCIAL SECURITY NO. 213 88 5334	Mrs Marion	Salb Che	everly, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IL RECORDS, he low requi on. permit Ther ene prior to the ows any injur	9	ZO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \to \to \to \to
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TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the Store I MPPORTANT: If	1	22d. PHYSICIAN'S NAME (TYPE FREDERICK		220 ADDRESS	DIRECTOR PHYSIC	E Derocor
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME de Arce DATE KNOWN MONTH 2b. HOUR DAY TTYPE OR PRINTI OF ESTIarone 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE VEAD LAST BIRTHDAY PRONOUNCED -10 22 56 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? WITHIN To BIRTHPLACE (STATE OR 9. BANTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Dominican Rep. WIDOWED DIVORCED MD RECORDS, 301 W. 3. RETAIN PAGE 5 SHOULD BE-FILED, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Accountant C.A.B. USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b. COUNTY 13c CITY OR TOWN Woodberry Street Prince Georges Seabrook YES X Maryland NO [E PAGE 1 FORM PM GES 1 AND 2 SHU 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Andres de Arce Marina Bermudez 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Seabrook. PAGES 1 DIVISION EYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -46-3812 WW Johr de Arce. 9617 Woodberry St., Maryland CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY less tro candio Vos calal disease ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF 10 Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO 3 9E 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) Deputy 12800 Willow Wind Circle, Oxon Hill . Rodr kuez M. D. EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Md. Veterans Cemetery Cheltenham, Maryland Burial BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN TURE 24 FUNERAL DIRECTOR Beall Funeral Home DHMH - 17 1979 (VR A15 ME (5)) 9013 Annapolis Road, Lanham, Maryland 15M 7/77

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME MIDDLE 26 HOUR TYPE OR PRINT ALMA DEWEY 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR EB 29, 1896 YEAR 83 FEMALE WHITE 7a BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. VIRGINIA PRINCE GEORGES WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OF PROTEIN SUCH FACILITY, GIVE STREET ADDRESS PRITY GROSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 130, STATE 135 COUNTY 136 CITY OR TOWN 13. 4009 GALLATIN STREET filled buld b PRI. GEO MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LYLES CORA SISSON SAMUEI ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MILDRED D. MERRYMAN SAME AS 13 DAUGHTER 213-74-5772 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 19a DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [Hyai 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE NOT WHILE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN C MPORTANT: DIRECTOR PHYSICIAN should be de 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL (SPECIF BURIAL VIRGÎNIA FALLS CHURCH 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 60M 7/73 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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17.0	3. SE)	MALE	WHITE	5 DATE OF BIRTH MONTH 2 /7 35	6 AGE/(AST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN					
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s. Pages 1	160 W	AS DECEASED EVER IN U.S. A es, no or unknown) (IF yes, Gr	rmed Forces? 166 SOCIAL ve war or dates) - 62 2284	SECURITY NO. 117 INFORMANT 47098 CARRIE DAMA	U. MONROE	ENT AVE 48/61					
physicic on paper emoval event, th		PART I. DEATH WAS CAUS	only one couse per line for (a), (I ED BY: ATE CAUSE (a)	SIVE HEMORRHAD	E FROM LUNG	BETWEEN ONSET AND DEATH SMINUTES					
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is hos been giene prior shows ony is	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO					
tifico Il trood ol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2)					
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DR. USe Heo		220.1 certify that (1) (this haspital) attended the deceased from FEP. 19 72, to PRIC. 19 79, that (1) (we) lost sow the deceased alive an APRIC 8 19 79, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.									
# 0000 #		226. SIGNATURE MOUNCH	* Braher		MEDICAL STAFF DIRECTOR PHYSICIAN	APRIL 9, 1979					
should be delivery the State		224. PHYSICIAN'S NAME (TYPE		22e ADDRESS 3231 Super	ior La., Bowie,	Md. 20715					
8P	230. B	URIAL, CREMATION, REMOVA PECIFY)	1 23b. PATE /19	231. NAME OF CEMETERY OR CREMATORY LEE MEHORIAL	234. LOCATION CITY OR TOWN	COUNTER JOHN					
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UNIVERSITY BOULEVARD WEST. SILVER SPRING.MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

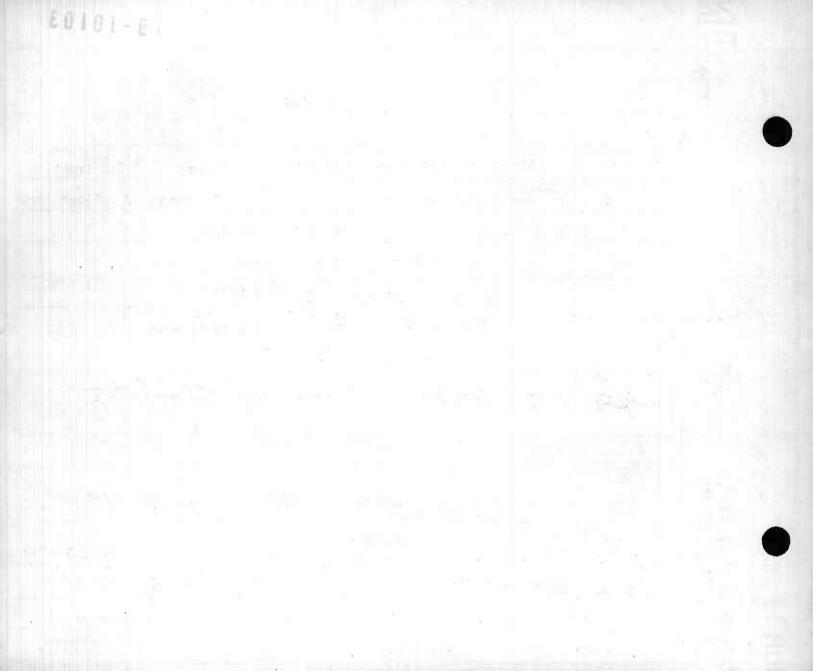
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS Female Caucasian 21 -1901 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Mass. GEORU WIDOWED DIVORCED TO O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 76 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAUREL BELTSVILLE HOSPITAL Retired - J.B. Kindle Company DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Pr.Geo. Adelphi 3120 Powder Mill Rd. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST Benjamin J. DeLacy Cruit Mary Μ. ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Bowie, (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Richard Harding 1502 Palisades Ct. 577-10-8846 Md. 18 CAUSE OF DEATH Enter only one cause per line for (0), (b), and ic PART I. DEATH WAS CAUSED BY Conditions, if onv. which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NODE sha 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this haspital), attended the deceased from. sow the deceased alive on 4 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter death 226. SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF Should be detected with the Stote D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRIM 22e ADDRES 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial 4-26-79 Cedar Hill Cemetery Suitland Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR Robert G. Beall DHMH - 16 60M 1/75 Funeral Home 9013 Annapolis Rd. Lanham (VR A 15 (4))

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	plus Coule		.00	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST . DECEASED NAME KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-EDNA MAY **EVANS** DEATH MATED 4 RACE 5. DATE OF BIRTH 16. AGE SARST IF UNDER 1 YR. IF UNDER 24 HRS DATE FOR YOUR WITHIN 72 H PRONOUNCED PRESTON DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY/OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY PENNSYLVANIA U.S.A. DIVORCED WIDOWED SHOULD BE PHED, TTY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY 100 2416 HOUSEWIFE HOME RECORDS. USUAL RESIDENCE (I) IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 130. STATE 13/ CITY OF TOWN 1005 CLIFTONBROOK LANE 13d. INSIDE CITY LIMITS? SILVER SPRING MONTCOMERY YES X FORM PM 3. ES I AND 2 SH ON OF VITAL R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST MCMULLIN JOHN Elizabeth Henry DIVISION OF 166. SOCIAL SECURITY NO 17. INFORMANT 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) WALTER J. EVANS-ADDRESS SAME AS #13. 578-46-1199 NO 18 CAUSE OF DEATH (Enter only one couse per for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL, eno schoole Carden 1/63 aules de scare IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g V HEALTH MEDI CERTIFICATION USED 20. AUTOPSY? OF TO BURIAL, YES NO O BE 3 SHOULD BE 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEATH PRIOR 71f. LOCATION AT WORK AT WHILE REST FACTORY, FARM, ETC. PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described obave, held an death resulted from: Notural couses Accident Suicide Homicide Undetermined monner TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY APR.6,1979 CEDAR HILL CEMETERY SUITLAND-PRINCE GEO. BURTAL CO. -MI 1302 BP 74. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) CHAMBERS FUNERAL HOME - RIVERDALE, MARYLAND 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOURP (Type or print) April Mildred 6:00 G. Fisher S. DATE OF BIRTH IF UNDER 1 YEAR 4. RACE 6. AGE (In years 3. SEX lost birthdoy) MONTHS ! DAYS HOURS Female White June 15. 1904 7): YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Tennessee U. S. A. WIDOWED F DIVORCED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Prince Geo's General Hospital O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Cheverly Own Home General 13a. USUAL RESIDENCE (Where deceased lived if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STRFFT AND NUMBER Prince Geo's admission) STATE
Maryland YES X NO 3201 Sage Lane Bowie 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost Lottie Gott Pearl Wagner Luney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO 3201AddSage Lane Mrs. Nancy Giffin-Bowie, Maryland (Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH corbon LNSUFFICIENCY" PART I. DEATH WAS CAUSED BY: ENAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PELONEPHRITIS Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF pleose stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIABETTES TUBERCULOSIS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING -21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) buriol, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County City or Town Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from APRIL 27, 1929, to APRIL30, 1979, that (I) (we) last saw the deceased alive an APRIL 30, 1979, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. April 30,1979 DIRECTOR 3231 Superior Lane 22e. ADDRESS 22d. PHYSICIAN'S Norman K. Bohrer, M.D. should be of Heolth o NAME (Type) Bowie. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE BREMOVAL (Specify) 5/6/79 Highland Memorial Cem. Knoxville Tenn. Richard A. Co Funeral Home Coleman -Upper Marlboro, Maryland 20870: DHMH - 16 3/72 25M (VR A15 (4))

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10110

		REGISTRAR				CEKIIF	ICATE OF L	PEATH	REG	. NO.	3 10	110
		CEASED NAME	FIRST	N	AIDDLE	L	AST	Eller Si	20. DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR
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	3. SE	X		4 RACE	100	5 DATE C		VEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		Wh:	ite	6 MONTH	21 ^{DAY}	87	91	YRS		HOURS MIN
21		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE[NEVER /	MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
35		aryland			SA	WIDOWE	-	VORCED [Prince		ge's	MD.
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		AL RESIDENCE (IF NURS										
35		id.			Upper M		134 INSIDE C	NO 🗌	3097 Ch		Grove	Road
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1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA	INT	AD	DRESS	F. 19-19-19	Above
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	TION	Conditions, if ony, gove rise to immecouse (o), stofin underlying cause	which mediate lost.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO		ENCE OF	NOT RELATED	TO THE TERMI		ONDITION G	3.7800	
9	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	196 CONDITION FOR WHICH OPERATION WA			RMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH?
9	ICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	21b. TIME OF HOUR A.A P.A	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 1	3, PART 1 OR PART 2)	
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		270.1 certify that (I) saw the decease above. At well to 27th SIGNATURE	ed alive an	4-20	19_	79 . on	DEGREE	(our) opinion d	medical of the director of the	e date and h	our and from the	that (I) (we) lost couses stated ESIGNED
1		Dr. John		403-46	1		22e. ADDRES	S				
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	(:	Burial		4-30-					CITY OR TOWN	and.	COUNTY C	Maryland
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		NAME			ADDRESS	200 r	JULLIA	4	4076	1 3	1 12 Oct	Beardy

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

Funeral Home

Rd., Suitland, Md.

1979

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) CF ESTI-DEATH MATED IF UNDER 24 HRS DATE RONOUNCED DEAD TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED TO DIVORCED KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Prince George General Hospital Cheverly Housewife Own Home BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Avenue Prince George BALTIMORE, MD. 2120 YES X NO [OF VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST AND Robert Sales Susie Holmes 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) PAGES 214 74 1874 Donald C. Fleshman Same as #13 (Son) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). eller gelender Cantillanules 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY LEAZE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF CAAMINER AL Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost AND DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIERCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) + chesere CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO A BURIAL E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STATE STREET CITY OR TOWN COUNTY STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK PAGE DIRECTOR: 22a. I certify that I took charge of the remains described obave, held on Autopsy Inspection and in my opinion death resulted from: 1 Natural causes Accident Suicide Homicide Undetermined manner SPECIFY TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, ' BALTIMORE, MA 166151 TYPE OR PRINT 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b, DATE 4/24/79 Burial Ft. Lincoln Cemetery Brentwood 25b. REG - 13 Av. DHMH-17 20M 1/73 24. FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A. (VR A15 ME (5)) Hwattsville, Maryland

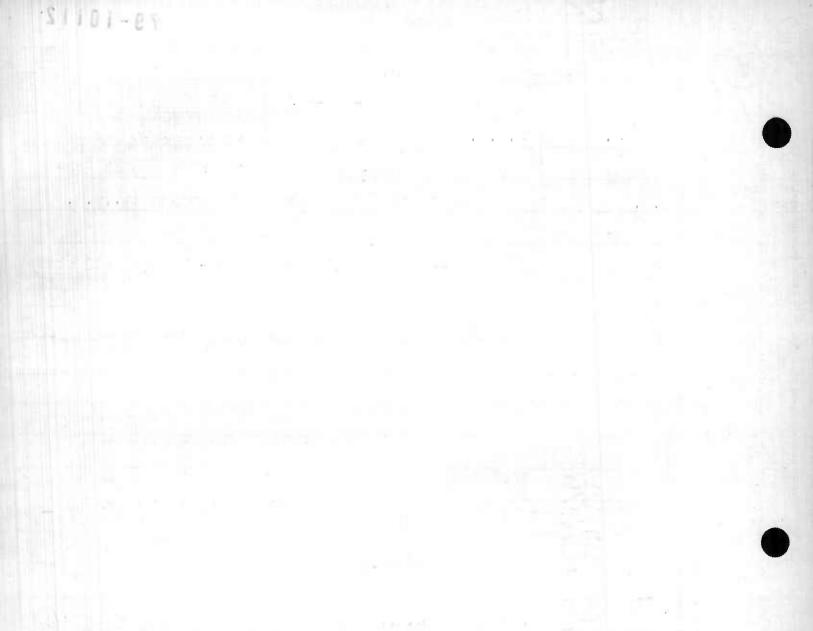
WASHINGTON + SONS 4925 BURROUGHS AVE. N.C.

FOR

(VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR STATE

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IMPORTANT: If them 21 is marked ar Item 18 shows any

STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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		REGISTRAR		-			REG. N	10.		
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1	3 SEX		4 RACE	S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR	(THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
P		FEMALE	WHITE	SEPT		YEAR	86		MONTHS DAYS	HOURS MIN
	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8			9 BALTIMORE CITY	OR COUNTY	OF DEATH	
6	PH	NNA .	U.S.A.		NEVER MARK		Prince			
-	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE NURSING HOME C			12g USUAL OCCUPAT			MD OF BUSINESS OR
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		AL RESIDENCE (IF NURSING HOME OF			IOPES		IEACIER		SCHOO	/14
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V		D. Princ	ce George 6XO	N HILL	YES NO		1635 TAY	LOR AV		
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1	(Y		E WAR OR DATES]	L SECURITY NO.	17 INFORMANT		ADDR	ESS 163!	5 TAYLO	R AVE.
		NO	192-3	32-7758 A	HAROLD	C. FO	UST		HILL.	
		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a),	(b), and (c).		415			BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) CA	RPIAC	FAIL	ME		C. W.T.		
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		PART 2. OTHER SIGNIFICANT						DITION GIVE	EN IN PART 1	0)
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	AL	OR CONTRIBUTING CAUSE OF DEA	1111	19	1000					
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	×	WHILE NOT WHILE AT WORK	COUNT	STATE						
	115	22a. I certify that (1) (this haspi	tal) attended the deceased	from Jan.	23	9 79	toApri	1 18_	19 79	that (1) (we) last
		saw the deceased plive on			nd that in (my) (our)) opinion di	eath occurred on the d	ote and hour	and from the	causes stated
		22b. SIGNATURE	A	0	DEGREE		/		22c. DATE	SIGNED
		Mula?	ReadeNMI		ATTEN	NDING	MEDICAL STA	FF CIAN (1-1-1	18-79
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS					
1		Neil A.M	leade m	0	(0501 L	Ann	loum no	Cita	MAY	mp
	23g. B	URIAL, CREMATION, REMOVAL		*	EMETERY OR CREM		23d LOCATION		ADDRESS OF THE REAL PROPERTY.	100.00
	(5	SPECIFY) Burial	4/21/1979	Green			Warme shot	0 1	rankli	n Pa

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR NAME

ADDRESS

Waynesboro, Pa.

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	꼬뿌!!!	19 9	Y OR TOWN OF DEATH	NAME OF HOSE	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	20. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12	OR INDUSTRY
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	DURS DURS 18. G S WIT IT. PA		18 CAUSE OF DEATH (Enter only on	e cause per line	far (a), (b), and (c).)		2 /			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TON ST, N 24 HO I ITEM 1 ALONG P PERMII YGIENE,	-3	PART I DEATH WAS CAUSED BY:	12	tra crasse	al K	enumlas	e		6 hours
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	DS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL G". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TG CAL EXAMINER ALONG WITH FORM PM. 3. RETAIN F BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE ON, OR REMOVAL.		lying cause last.	(c)						
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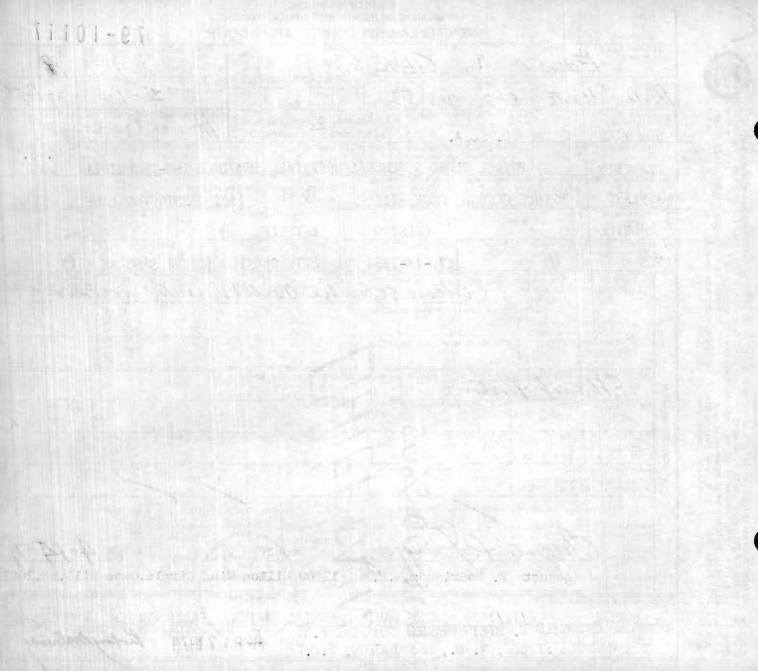
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OCCUPATION (Kind of work done to f working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY		give street address)	CITY OR TOWN OF DEATH Adelphi	90 10.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retained by the hospital or ottending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Paged with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours	
TS? 13e. STREET AND NUMBER	re 13c. CITY OR TOWN 13d. INSI	ived, if institution: Residence before 13b. COUNTY	. USUAL RESIDENCE (Where deceosed li- nission) STATE	2 4 ode	ed very cark ent,	
2205 Lackawanna Street	Adelphi YES	P.G.	Maryland		e executed and complet remove car	
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ophia	ncy	P. Glar	John		ate be ician c lease ond ir	
Address Adelphi, Md.		dates of service)	D. WAS DECEASED EVER IN U.S. ARMED F Yes, no, or unknown) (If yes give wor or d	10	ertificate be physician con nen please	
ayward 2205 Lackawanna St.		579-60-6		-	phy phy lovo	
BETWEEN ONSET AND DEATH			18. CAUSE OF DEATH (Enter only an PART I. DEATH WAS CAUSED BY:	1	ne death cer attending p permit. The	
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IDITION GIVEN IN PART I(o)	NOT RELATED TO THE TERMINAL DISEA	ONS CONTRIBUTING TO DEATH BUT I	NA		OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the 3 should be defoched far use os the buriol-trored with the State Dept. of Heolth prior to buriol, cre.	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	PERFORMED 20o. AUTOPSY?	DITION FOR WHICH OPERATION WAS P	19a. DATE OF OPERATION 19b. COND	2 NOI	law ndin bee s th	
CAUSES OF DEATH? W/A	YES 🗀	NIA	MA	CERTIFICATION	CIAN: The law re ital or ottending ificate has been s far use os the b f Heolth prior to b	
ature of injury in Part 1 or Part 2, Item 18.)	21c. HOW INJURY OCCURRED	21b. TIME OF INJURY	210. ACCIDENT WAS UNDERLYING	9 3	or or use	
	40 NA	HOUR A.M. Month Doy Yea	OR CONTRIBUTING CAUSE OF OF AH A	Z Z	CIA Figure 1	
City or Town County State	FACTORY, 21f. LOCATION Street or R.I	F OF INILIRY (AT HOME, FARM, STREET, F.	21d. INJURY OCCURRED 21e. PLAC	ME	IYSI cer chec pt. c	
1100 -1		OFFICE BUILDING, ETC.	While Not while at wark		this eto	
6: 10 19 17, that (i) (we) last	ised fram	ospital) attended the decease	22a. I certify that (I) (this he		ING by the ter tate	
an death accurred an the date and havr and fram the	19 7 9, and that in (my) (au	an 411	saw the deceased alive		ed bed bed bed bed be S	
	e bady after death.	(we) (did) (did not) view the	causes stated above, (I)	100	TOR TOR	4
STAFF 22c. DATE SIGNED	DEGREE PHYS.	1	Confound 1	-	REC 3 s 3 s I wi	
CTOR PHYS.	DEGREE PHYS. 22e. ADDRESS	(Jurenay)	22d. PHYSICIAN'S		De	
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	OF CEMETERY OR CREMATORY		FURIAL, CREMATION, / 23b. DATE	730	UNE UNE School	
23d. LOCATION (City or Town (County) (State)	- ollvet	PR 1979 1A+		200	Pag O Flo Sho	
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, MD.	EST STATE	0	MAURICE		MIDDLE	GERSIN	G	ESTELLE		MIDDLE	KRASNE	P
OR	PAGES ORM P	16a.	WAS DECEASED EVE			166. SOCIAL SECURI		17. INFORMANT	99-99-	ADDRESS	KIN DIVE	<u>K</u>
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3	LEXAMINER BE CERTIFICATI OULD BE FOIL AL DIRECTOR: H, WITH THE MARYLAND, 2		ACTUAL /	Thira.	·n O	Y deles	10 /	TITLE (SPECIFY)			DATE 11-	1150
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	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M.	20	EXAMINER'S NAMI	Aligus	to P. Rod	riguez,M.I	9.	12800 Will	ow Wind	Circle,0	xon Hill	,Md.2002
	PAG TO TO TO A	23a.	BURIAL, CREMATION.	REMOVAL 23	b. DATE	23c. NAME OF CE			23d. LOCATION	1		
1304	BP		BURIAL		4/16/1979				RDEN F	ALLS CHUR	CH VT	RGINA
	DHMH - 17	24.1	UNERAL DIRECTOR		M. STEIN	HEBREW ME	MORIA	F. H 250. DATE	EC'D. BY REGIST	RAR 25b. REGISTE	AR'S SIGNATURE	no zitani
	(VR A15 ME (5))		232 CARR	OLL STI	ADDRESS	W. WASHIN	GTON	D.C.	APR 171	979	Hay May	travely



STATE OF MARYLAND 79-10118 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. DATE OF DEATH MONTH DECEASED NAME 75 HOUR LESTLE SMITH GILLY April4, 1979 6.30 5 DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR HOURS May 16,1914 White 64 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Prince Georges Co. Mississippi DIVORCED | WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired S chool Teacher Lanham Doctors Hospital of Pr. Geo. Co. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY Upper Marlboro 13d INSIDE CITY LIMITS? 9707 Dale Dr. P.G. Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Buford A. Smith Magie McCoy 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b SOCIAL SECURITY NO None Joe S. Gilly (Husband) Same as #13 407-56-7933 18 CAUSE OF DEATH (Enter only one cause per line for to PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 1a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOE YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that () (this hospital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated and that in DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta with the State I 224. PHYSICIAN'S NAME (TYPE OR PRINT) Lewis H. Dennis, M.D. 831 University Blvd E, Silver Spring, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23h DATE Burial Big Stone Gap Wise Co. Va Glenco Cemetery AY REGISTRAS 256. REGISTRAPS SIGNATOR 24 FUNERAL DIRECTOR TO LOCAL PROPERTY OF THE P DHMH - 16 50M 1/76 (VR A 15 (4)) 6633 Old Alexander Ferry Rd. Clinton, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DEATH MATED (TYPE OR PRINT) lamm 19 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY DATE PRONOUNCED OG YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? 9-BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Washington, D.C. WIDOWED II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Cheverly Prince George's General Hospital Clerk U.S. Gov't USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE G. Co. Hvattsville NO [6003 40th Avenue Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST E. Gist Sara Elmer Bowen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-52-6456 Mrs. Bernadine Gist (Wife) Same as WWI Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Cendid Vaseula discare IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which AND MENTAL gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR 28. AUTOPSY? DINCE SECTION OF THE SEC YES 🗌 NO SC 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFER DEATH, WITH THE SIBALTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described obove, held an Autopsy Inspection and in my opinion death resulted from: Accident Suicide Hamicide L Undetermined manner LE (SPECIEY EXAMINER'S NAME Augusto P. Rodinguez 12800 Willow Wind Circle Tantallon, Md 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 4/12/79 Fort Lincoln Cemetery Burial Brentwood, P.G. Co., Maryland DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Riverdale, Maryland Chambers Funeral Home

Secretary of the second Converse California Carried Lander Converse Carried Ca de since in the contract of th Hilland (9124) as to a Second . St. Res-1-400 . Sec DIAMETER STREET The state of the s Lactail Co. 1.9 Menaless Street Manager Library 1917. Sp. 1825 HE RES 294 THE PARTY OF THE P

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST LAST DECEASED NAME 20 DATE OF DEATH MONTH DAY 2h. HOUR (TYPE OR PRINT) JFRRY GOODIN 04 0.8 79 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS 6-10-1879 YRS BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED COUNTRY PRINCE GEORGES Md. WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

Janitor PRINCE "AGEORGESONESGENERAL HOSP Custodial CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS P.G. Iverson St. Md. noxC YES K NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Goodin FIRST IIInkn own LAST Charlie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-05-269 Goodin-Same as # 12above Ella NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and is PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF notension Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 1(0) arrythmia CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES T NO I Mentol Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22e | certify that (1) (this hospital) attended the deceased from. saw the deceased alive an, ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the bady after death 22h SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF Should be deto with the Stote [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) COUNTY Burial 24. FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78 WASHINGTON & SOME 4925 BURROUGHS AVE. N.E.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME ENDW CTYPE OF PERIOD ESTI of man DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS A AGE (NITERIS DATE LAST BRITHDAYS RONOLINCED DEAD 80 e BIRTHPLACE TREATE CH 1. BALLIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY! Md. WIDOWED P DIVORCED EITY OR TOWN OF DEATH M. NAME OF HOSPITAL NURSING HOME 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Laborer Lumber 30 DING 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13b. COUNTY Md. Fairmount Heights 1019 58th Ave. NO [VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME C MIDDLE LAST MIDDLE LAST FIRST PAGES 1 AND Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! Dorothy A. Lynn Same as 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line tar-(a), (b), and (c).) two Cardis Vas culer PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which gove rise to immediate OR REM cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A ! CERTIFICATION USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, O YES NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CETTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22s. I certify that I taak charge of the remum above, held an Autopsy Inspectionand in my apinian deoth resulted from: Natural coures Accident-Homicide Undetermined monner Suicide E SPECIFY ACTUAL SIGNATUR MEDICAL EXAMINER SIGNED EXAMINER'S NAME TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 5/1/79 Removal 25a, DATE REC'D, BY REGISTRAR 25b, RECOMPAR'S 51G DHMH-17 20M T/73 24. FUNERAL DIRECTOR (VR AT5 ME (5)) Balto., Md. Anatomy Board of Md.

			OF HEALTH AND MENTAL		
-			ERTIFICATE OF DEATH	7.9	
1	. DECEASED-NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH 4 Month 8 Do	2b. HOUR 7:138
	Sara		Groves		.,
П	. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthdoy) 93 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	Female	White	November 13,		
	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
0	Kentucky	U.S.A.	WIDOWED DIVORCED	Prince George'	
0	O. CITY OR TOWN OF DEATH Greenbelt	11. NAME OF HOSPITAL OR IN give street oddress) Gr 1escent Ce	eenbelt Conva-during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.) DUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY Home
13	A LICIAL DECIDENCE OLD				
20	dmission) STATE Maryland	13b. COUNTY P.G. Co.	Greenbelt YES X N	□ 122 Lastner	Lane
1.	4. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
3	Samuel	- Cleave	r Portia	Peyton	Hoke
11	60. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECURITY		Address	
	(Yes, no or unknown) (If yes give w	ne 240-50-31	36 D Linda Mc Caugh	nev (Daughter) Sa	me as #13.
-		ly one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: Cardiac arre	st secondary to ar	chythmia	Sudden
	16293 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, which gove				Unknown
	rise to immediate couse (o),	(b) AFLEFIOSCIE DUE TO, OR AS A CONSEQUENCE OF	rotic cardiovascula	il_ulsease_,	UITKIIOWII
	stoting the underlying couse	(.)			
		(c)	OT RELATED TO THE TERMINAL DISEASE ORG	ONDITION CIVEN IN DADT 1/o)	
	TAKE 2. OTHER SIGNIFICANT COL	TOTTONS CONTRIBUTING TO DEATH DOT IN	OF KEDATED TO THE TERMINAL DISEASE OF C	ONDITION SIVEN IN PART I(0)	
-	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS C	UNCIDEDED IN CEDITERING
2	190. DATE OF OPERATION 19b.	COMMINGTOR WHICH OF CRAHON WAS FU	YES NO X	CALISES OF DEATHS	ONSIDERED IN CERTIFIING
	210. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY		noture of injury in Port 1 or Port 2,	Itama 10)
107	DR CONTRIBUTING CAUSE OF DE (If either, notify medical exomin	ATH HOUR A.M. Month Doy Yeor er) P.M.	9		пен 16.)
1	ZIG. HOURT OCCURRED ZIE.		CTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
	While Not while of work of work				
	22a. I certify that (I) (th	is hospital) attended the deceas	ed fram July / , 19 9 79 , and that in (my) (our) api	/1 , to April 8 , 19	79 , that (I) (we) lost
	sow the deceased a	live on April 8	9 19, and that in (my) (our) opi	nian death occurred on the do	ote ond hour ond from the
		e, (I) (we) (did) (did nat) view the	baay atter death.	1	DATE CIONED
	22b. SIGNATURE		DEGREE PHYS X D	IED. STAFF I	DATE SIGNED 11 8, 1979
_	204 DINCICIANIS	Mouren	11113: 0		
1	22d. PHYSICIAN'S NAME(Type) Carl	J. Houmann, M.D.	4404 Queens	sbury Road, River	dale,Md.20840
2	3o. BURIAL, CREMATION, 235.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	Cremation Ap	ril 9, 1979 Cedar	Hill Crematory	Suitland, P.G. C	O. Maywland
M 2	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	Suitland P.G. C. Y REGISTRAR 25b. REGISTRAR'S	SIGN TIPE
)	Chambers Funera	l Home Riverdale	Maryland DATE PR	12 1979 Mayor	
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		1-	STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	REG. NO	79-	10123	
e & £			CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 430 P	77
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4 P	1	3. SE>		4 RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MON	UNDER LYEAR IF UNDER 24 HRS	_
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ofter d	MA		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATIO	ON I	12b. KIND OF BUSINESS OF	_
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n 24 ho filled in	SE Must	130 S MA	RYLAND PRINC	13t. CITY OR TOW E GEORGES CLINTO	N	13d INSIDE CITY LIMITS?	PLISTHART L	ERICAN ANE, 20	NURSING HOME	S
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d can	0 1	16a. W	AS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRES		Point,	_
on one	e medi		ES, NO OR UNKNOWN) (IF YES, GIVE	215-54-5	382	Mrs Grace			yland	
cate ysicio aper- wal.	t, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse perme for of b, one	dic	0 0 11.	T.		APPROXIMATE INTERVAL	
ertifica g ph	ever		1 IMMEDIAT	A 0 10 11	Cer	ebral Ith	-on oma		Reins	_
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quires signed hen ple	ijury, a	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	1		ITION GIVEN	IN PART 110	
been briar 1	,	ATIC	190 DATE OF OPERATION	19th CONDITION FOR WHICH	OPERAVIO		200 AUTOPSY?	20b IF YES. W	ERE FINDINGS USED	_
The lay ian. thas the	Swoys 2	CERTIFICATION	2/24/79	Introcerel	rull	Hend Jona	YES NO	IN CERTIFYIN	G CAUSES OF DEATH?	
AN: hysic ficate frans Hyg	8 4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART	OR PART 2)	
SICIA ng ph certifi rrial-tr	Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	5:00 P.M. 2 23	79	W T A O T O T O T	out & fell	L		
PHY:	ō	WEDI	21d INJURY OCCURRED WHILE NOT WHILE XX	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY STATE	_
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OR he he borner	# He		27b. SIGNATURE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		DEGREE ATTENDING	MEDICAL STAFI		22c. DATE SIGNED	
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BP	-	24.51	Burial	Mar 10.79 F	Rethe	sda M	Valley L	ee S	M. Marylar	20
DHMH - 16 60M 1/7: (VR A 15 (4))	5		NERAL DIRECTOR	inglev Leonard	1 de a		RCD. BY RESTINE	29 100-100-100	y could work	
(4V V 13 (4))		W	Clarke Matt	inglev Leonard	LOWN	war vland		-		

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO WIDDIE I. DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 2b. HOUR LIVE OR PRINTS WILBUR ELLSWORTH :30P.M. HANCOCK 04 79 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS 22 08 16 Male Caucasian 56 Le BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Prince Georges Jaruland TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR SOUTHERN MARYLAND HOSPITAL CENTER (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Farmer MARYLAND 21201 USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 36 COUNTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS? Rt. 3 Box 125 Charles LaPlata Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hancock 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT La Plata. MD. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW J.7 217-14-2854 20646 es APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 10 , (b), and 40 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF ath underlying couse lost. 0 0 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, CERTIFICATION ION FOR WHICH OPERATION WAS PERSORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygiene per YES NO F 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71h. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ž 21f LOCATION 21d. INJURY OCCURRED 0 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY morked WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 72c DATE SIGNED -ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be deto FUNERAL MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should b 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL CREMATION, REMOVAL 23b. DATE STATE Inited Methodist Dentsville. Charles 250 DATE REC'D., BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/78 AODRESS

La Plata.

(VR A 15 (4))

Trepart Funeral Home. Inc.

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STATE OF MARYLAND

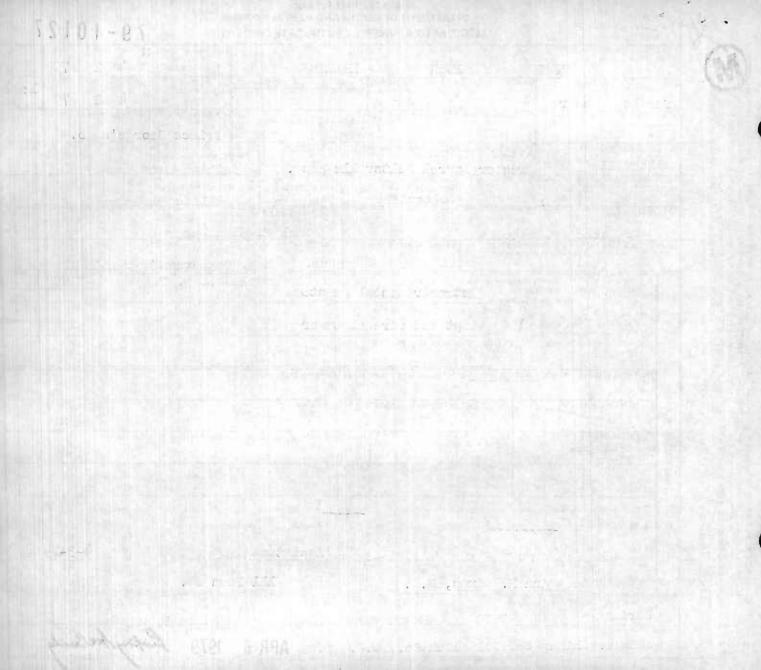
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME	FIRS1		MIDDLE	-	AST		2e. DATE OF DEA		H DAY	YEAR	2b. HOUR
			Mary		I sabelle	-	nson		24 Apri				3: LOR
	3. SE	х		4 RACE		5 DATE (YEAR	AGE IN YEARS L	ST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
		Female		Co	ш.	08	05	1907	71		YRS.	13 DATS	NOOKS MIN
00	7e. B	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	? B MARRIE	D NEVER N	ARRIED [9 BALTIMORE C			DEATH	
03		rginia		U. S.		WIDOWE	DM DN	ORCED	Prince				м
75		inton	ATH	(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREE M Maryla	T ADDRESS)			12a USUAL OCC			NDUSTRY	ral Gov
35	USU 13°M	at residence (IF NUR aryland	13 PF 94	other institution	GIVE RESIDENCE BEFO	W Hill	134. INGIDE CI	TY LIMITS?	134. STREET ADDI 5835 F1		Road		
160		Augusta	E	MIDOLE	Grove	01		maiden na/	ME	DOLE		wood^s	ŧ
1		VAS DECEASED EVER		MED FORCES?	577-50-	8739	17 INFORMAL Carl A	Hanso		CODRESS Keppl	er Rd	Camp	Spring
		IL CAUSE OF DEAT	H (Enter on	ly one couse pe	r line for (0), (b), o	nd (c)					T	APPROXI	MATE INTERVAL
, A	NO	PART 2 OTHER SIG			ONTRIBUTING TO		NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITIO	ON GIVEN IN	N PART 110)1
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOI	RMED	200 AUTOPSY	IN	. IF YES, WE CERTIFYING YES []		NGS USED OF DEATH? NO
9	_	210. ACCIDENT WAS UN OR CONTRIBUTING [] LIF EITHER, NOTIFY MEDIC	CAUSE OF DE	HOUR A	OF INJURY .M. MONTH (.M.	DAY YEAR	žic HOW IN.	JURY OCCURR	ED JENTER NATURE (if injury in It	TEM 18, PART 1 (OR PART 2)	
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DHMH - 16 50M 1/76 (VR A 15 (4)) 24 FUNERAL DIRECTOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			STATE REGISTRAR	MEI	DICAL EXAMI	NER'S CERTIFICATE	OF DEATH	REG. NO. 9 -	0135
Mange			EASED NAME FIRST DE DIS	Hon	MIDDLE	HIMSON	2a. DATE KN OF DEATH N	ESTI-	9 19 79 A
PA, PLEA DARCTO DUR FILE TO HOUSE	1	J. SEX	Tale White	S. DATE OF BIRTH	30 LASTIBILITY		DER 24 HRS. ?c. DATE PRONOUNC DEAD	ED 4- 29	19 79 123 HOUSE
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	11/	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME	LE	LAST
ER DEAT	160	14 14	UNK	WED FORCES?	166 SOCIAL SECUR	TY NO. 17. INFORMANT	UNK.	ADDRESS	
S # 40.2		(Y		WAR OR DATES)		90611	Campon		12
BALTIN URS AFT B. GIVE WITH F	2		18. CAUSE OF DEATH (Enter on	17		1804 DANIEC	CAMIT DELL	SAMP AS	APPROXIMATE INTERVAL
			PART I DEATH WAS CAUSE	DBY:	for (a), (b), and (c).)	lestro Ceno	eroVascula	diseas	BETWEEN ONSET AND DEATH
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m	S &		lying cause last.	(c)					
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LREC WID "PEF A	CRE	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OP	RATION WAS PERFORMED?			20. AULOPSY?
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DIVISION OF VITAL S CERTIFICATE SHOU TITING THE WORD ' ROED TO THE CHIE E 3 SHOULD BE USE	50~	CAL CER	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		MONTH DAY YE		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
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ATE, T	25		22a. I certify that I taak charg	e of the remains des	cribed abave, held an	Autopsy , Inspe	ction , Inquiry	I, and in my apin	ian
MINING BE FIC	NA.		death resulted from: Natur	rol coures .	Accident .	vicide , Homicide	Undetermined man	ner,	
AL EXA. HE CERT HOULD	, MARYLAND		ACTUAL SIGNATURE STREET	ista for	Ediges	MIMO POSSECIEV	MEDICAL EXAMIN	DATE SIGNED	4-29.79
TO MEDICAL E PAGE 4 SHOU	TIMORE	-	EXAMINER'S NAMED (TYPE OR PRINT)	who fit	d deque	HIDADDRESS S	800 Willand	und line	, Tan Ella
14 4 5 3 4 5	B A	23a.B	JRIAL, CREMATION, REMOVAL 2 PECIFY) DURIAL	3h. DATE 5-2-79	MO. VE	TERANS CEM.	23d. LOCATION CITY OR TOWN CHELTEN	1HAM COUNTY	STATE
ĎHMH-17 20M (VR A15 MĚ (24_F	INERAL DIRECTOR	ADDRESS		250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	NATURE
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9013 Annapolis Rd. Lanham, Md. 20801 & Dulli

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR IF UNDER LYEAR IF LINDER 24 HRS HOURS DAYS YRS. **BALTIMORE CITY OR COUNTY OF DEATH** PRINCE GEORGE'S COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Voide of America 4411 73rd Avenue LAST Kim APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I COUNTY STATE and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED STATE Brentwood, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78 FOR

I. DECEASED NAME

REGISTRAR

FIRST

- STATE

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1	11-	FOR STATE REGISTRAR		DEPARTMENT OF HEALT DICAL EXAMINER'S		7.0	-10138
(MA)		CEASED NAME POPINT)	e A H	HORNE	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	4-9 1979 M
O STEEL	3 SEX	male White		TEST GAST BIRTHDAY) MOI	JNDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	ONTH DAY YEAR 24 HOUR AM
NECESSA FUNETALI 5 FOR TALI 9, WITHIN W. PRESTO	FO	RTHPLACE (STATEOR REIGN COUNTRY) Kentucky	V S A	WIDO		ED Prince (7e	290-3 MD.
SO SIEGE AND SO SI	L	argo Md	Manor ca	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) re nursing home		120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Housewife	WORK 12b. KIND OF BUSINESS OR INDUSTRY Home
F ANY AND RETAIN HOULD	13a. S	TATE Md 13h COUNTY TO	or other institution, Gr ITY Georges	13c. CITY OR TOWN Lanham	13d INSIDE CITY EIMITS? YES NO	13e STREET ADDRESS 6832 Tresler	Road
MORE, MD. 2 FER DEATH. 1 PAGES 1, 2, 2 CORM PM 33 S ORN DE VITAL			exton	LAST		nnah Mea	dows
LTIN NE INE		VAS DECEASED EVER IN U.S. AR ES, NO. OR UNKNOWN) (IF YES, GIVE 110	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO. 217 48 8657	Mary Clatt	terbaugh Lanhai	m Md.
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DF VITAL RE WORD WE WORD WE WE SHOULD BE USED FEINT OF HE.	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF				YES NO
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XAMINER ERTIFICAT ID BE FO WITH THE RRYLAND,		27a I certify that I took char death resulted frage: Natu ACTUAL SIGNATURE	ge of the remains des	Accident , Suicide		Undetermined monner .	DATE 4-9-79
TO MEDICAL E EXECUTE THE C EXECUTE THE C FOUNDATION FOU	-	EXAMINER'S NAME GUI		PODAGUGZ	ADDRES 2800	Willw Und Circl	glantelles
0000	(5	URIAL, CREMATION, REMOVAL Burial	Apr 12, 1	979 Horne Fam:	ily Cemeter		COUNTY STATE
DHMH-17 20M 1/73 (VR A15 ME (5))	24. F	F. Gasch's So	ons P A Hy	attsville, Md.	APR	REC'D. BY REGISTRAR 211 EPGISTI 121979	AR'S AGNATURE

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4	3. SEX	F		4 RACE White		S. DATE O	F BIRTH YEAR YEAR	6. AGE (IN YEA 51.	ARS LAST BIRT	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
100		RTHPLACE (STATE O	ginia	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DONORCED	9 BALTIMOR Pri	_	eorge		MD
1		IVERDALE	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET MEMORIA	ADDRESS)	PITAL	120. USUAL O	FOR MOST O	F WORKING L	FE) INDUSTRY	of BUSINESS OR
5	USUA 13a. S	AL RESIDENCE (IFN	13b COUN		OVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS? YES 🖄 NO 🗌	1301.04	DDRESS 52 nd	Aver	nue	firm
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		VAS DECEASED EV (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	220 50 6		17 INFORMANT John Huddle :	same as	a bo v			
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7	MEDICAL CERTIFIE	21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU	CAUSE OF DEADICAL EXAMINERS URRED T WHILE	P./ 21e. PLACE C	M, MONTH DA	19	21c. HOW INJURY OCCUR	RED (ENTER NATI	URE OF INJUR	YIN ITEM 18,	ES 🗌	NO STATE
		22a I certify that	(1) (this hospi	111"	25 19		d that in (my) (arr) opinion DEGREE ATTENDING PHYSICIAN	death occurred	STAF	·F	-	
1		22d. PHYSICIAN'S	NAMI	R PRINTS			22e ADDRESS			S II		

79 Pavies Cemetery

Cemetery

23b. DATE April

29,19

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buria.1

FUNERAL DIRECTOR

23d LOCATION
CITY OR TOWN
Wytheville,

MAY 2 1979 Lifting Registrar's Signature

Virginia.

STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR OF ESTI-DEATH MATED TYPE OR PRINTI Gloria 6 AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD FOR YO To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEAT Th CITIZEN OF WHAT COUNTRY? MARRIED P NEVER MARRIED FOREIGN COUNTRY Maryland USA DIVORCED 760 WIDOWED 3. RETAIN PAGE S
SHOULD BE FRED. JOEW. 10. QTDY OR TOWN OF DEATH E OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ACILITY_GIVE STREET ADD ESS) FOR MOST OF WORKING LIFE) OR INDUSTRY JSUAL RESIDENCE IF IN NURSING HOME OF OTHER INSTITUTION 113b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pr George Maryland 100 Hill Road Landover YES X NO [] FORM PM 3. FORM PM 3. ES 1 AND 2 SH ON OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Rose Frederick Ellen Mussante Dustin 17. INFORMANT (SDOUSE) ADDRESS WITH FOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIFYES, GIVE WAR OR DATES John J. Hunt Same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (a to for cordio Varculor descare Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION BE USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES NO [] DEPARTMENT 210 EXTERNAL CAUSE WAS 71b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION B urial 9April 1979 Washington National Cen Suitland APR 90 1979 24 FUNERAL DIRECTOR E. Wilhelm ADDRESS Funeral Home Inc DHMH-17 20M 1/73 (VR A15 ME (5)) Suitland, Md.

Prederich E. E. Augusta

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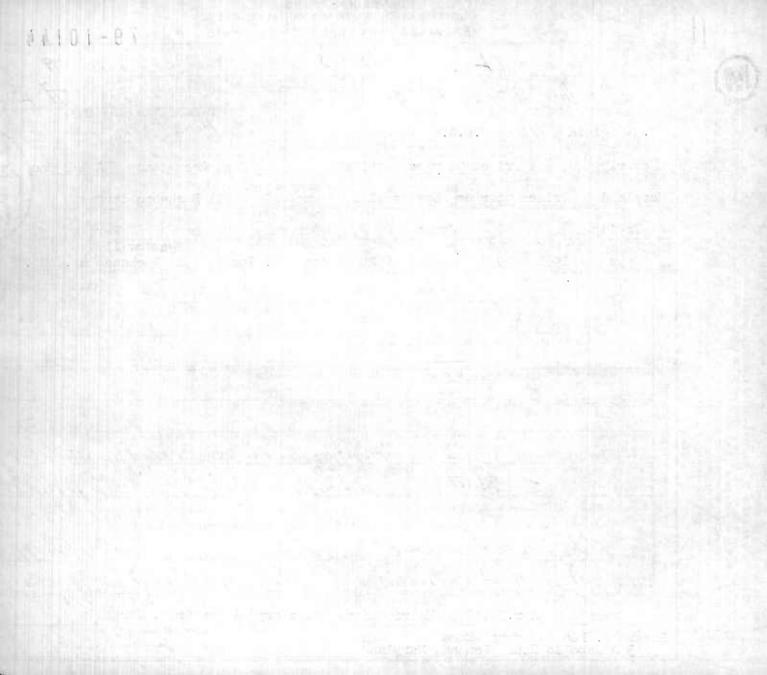
	1.	STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO. 7	9-10142
ge 3		CEASED NAME FIRST GFORGE	F.		RERGER	20 DATE OF DEATH MONTH	28_70 2b. HOUR 28_70 1:40PM
d d	3 SE	Male	White	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 88	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
or 72 ho	7a. BI	OUNTRW . Y .	U.S.A.	MARRIE		PRINCE GEORGE	
by the fulled with filled with	Cl	-EVERLY	PRINCE GEOR	GE" S"HOS	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Ret. Manager	12b. KIND OF BUSINESS OR INDUSTRY
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Poges medic		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)	WAR OR BATEEL	09-5813	Edwina R.	Illenberger, S	
physicial on popers.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Poss	161, and ICI.	24 FAIL	URE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEK
ottending nave carb (atian, ar r traumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CON	PIRATI	OU PNEUM	DULA.	· I WEEK.
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cion.	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
certification of the state of t	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
ifter this os the but the ord M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A Afor use of Heal		220.1 certify that (I) (this hospite saw the deceased alive an_ abave, (I) (we) (did) (did not			nd that in (my) (our) apinian	death accurred on the date and	
y the had a detached detached bate Dept.		1220 SIGNATURE Norman	K Boline	n n	-	MEDICAL STAFF STORECTOR PHYSICIAN	APRIL 28, 19
retained by TO FUNERA should be de with the State IMPORTANT		Norman K. Boh				or Lane, Bowie,	Md.
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 5-2-79		emetery or crematory 1 Cemetery		, Orange, N.Y.
DHMH-16 20M (VRA 15, 4) 7/78		Gäsch's Sons,	P.A. Hyatts	Ville, M	d •	MAY 2 REGISTOS REC	West Strong Y De Creedy

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR (Type or print) Month TARCO 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jast birthday) HOURS 8-22-1891 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED PRINCE Penna. U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY MARYLAND 21201 MAdison monon Kungia, Here Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Pr. Geo 2906 - Allison St. admission) STATE YES IX NO MtRainier 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Poges hin 72 160 (Unknown) (Unknown Durkin Durkin BALTIMORE, 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address same as (If yes give war or dates of service) (Yes, na. ar unknawn) 178-01-9404 Robert P. Jackson (Son) above no APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) PRESTON rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) RECORDS, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO Z 04 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notity medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from flower, 1967, talks 1, 1979, that (I) (we) last saw the deceased alive on March 5, 1977, and that in (my) (per) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR 27d. PHYSICIAN'S 22e. ADDRESS NAME (Type) should t 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) Burial (Specify) Washington, D.C. Mt. Olivet Cemeterv 24. FUNERAL DIRECTOR DHMH-16 1/71 3DM Mt. Rainier. Md. F.H. Inc. Nalley's (VR A15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH WITHI MARRIED THEVER MARRIED FOREIGN COUNTRY! W. Virginia U.S.A. DIVORCED WIDOWED 3 FILED, 301 W IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a, USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Cheverly Prince Georges Hospital Cost Accountant A & P Food St 8. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS, JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS 3a STATE Prince Georges Maryland Hvattsville YES X 7511 Buchanan Street NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Irving James Gertrude Perdue 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Hyattsville, JG WITH FO. (IF YES, GIVE WAR OR DATES) 465-64-2526 7511 Buchanan St.. Janet E. James. 18 CAUSE OF DEATH (Enter only one cause per the for (o); (b), and (c) , BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, D rede BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVAL. Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEALTH CERTIFICATION USED / 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? OF TO BURIAL, YES 86 DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF THUURY 2 LAHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD SHOULD POR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED STREET FACTORY ARM, ETC.) WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 215 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Suicide ... death resulted from Notural coures Accident Homicide Undetermined monner (SPECIFY DATE TO MEDICAL ADDRESS/ 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Metropolitan Crematory Alexandria, Cremation DHMH-17 20M 1/73 Robert G. Beall Funeral Monte ISTRAR'S SJGNATURE (VR A15 ME (5)) Ma Cready 9013 Annapolis Road, Lanham, Maryland



10-10145 STATE OF THE PARTY AND A STATE OF THE PARTY AN

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) **JOHNSON** MARY ANDERSON 08 79 8:45P.M. 04 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 12 MONTH 13DAY HOURS 22 56 Female Caucasian 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Pennsylvania Prince Georges WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTHERN MARYLAND HOSPITAL CENTER INDUSTRY Retired - Western Union Clinton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Prince Georges Forrestville 13d INSIDE CITY LIMITS? 2506 Wintergreen Avenue YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Elizabeth Ritenour Anderson W. Kenneth 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Above (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 181-18-2225 John H. Johnson, Husband, Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO AS A CONSEQUENCE OF gave rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERSORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 4.7.79 YES TO-NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 4-4 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 226. SIGNATURE DEGREE should be deta with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS Southern Maryland Hospital 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Clinton, Maryland Mridula Singh, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION REMOVAL 236 DATE Cheltenham, P.G., Md Burial 4 - 12 - 79Md. Veterans Cem. 4308 Suitland TAN APRECIDE STREET OF 24. FUNERAL DIRECTOR RODE DHMH - 16 60M 1/75

Rd.,

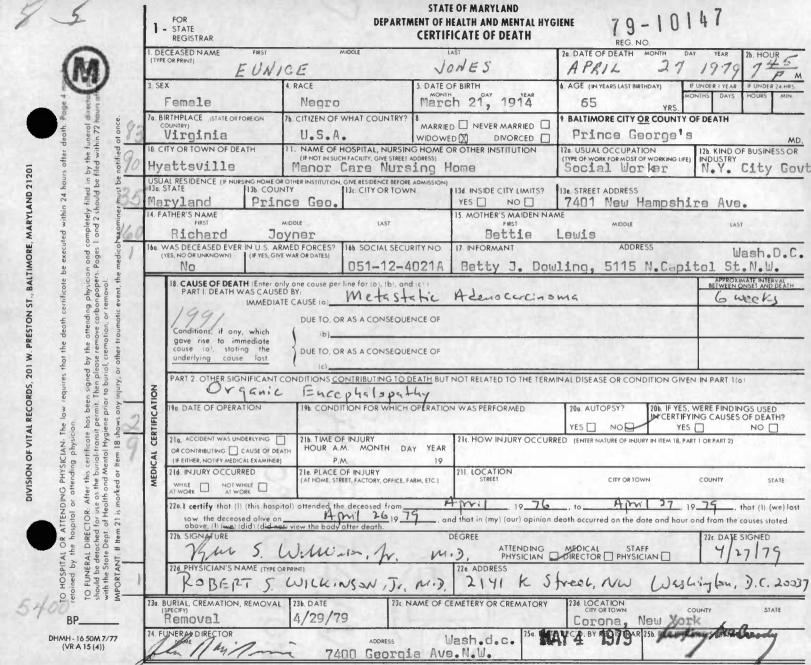
Suitland, Md.

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(VR A 15 (4))

Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10148

		REGISTRAR			CERTII	ICAIL OF D	LATII	REG. NO	i			
		CEASED NAME FIRST		MIDDLE	ı	AST	W 1 - 1	20. DATE OF DEATH	AONTH DA	AY YEAR	2b. HOU	R
×		KATHERI		SUE 3		RMANN				, 1979		8-AM
	3. SEX	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER	24 HRS MIN.
	F	EMALE	CAU		FEB		1921	58	YRS.			
2	7a. BII	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D X NEVER M	APPIED (BALTIMORE CITY OF	COUNTY	OF DEATH		
3		IRGINIA	USA		WIDOWE			PRINCE GEOR	GES C	OUNTY		MD.
28		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	(DDRESS)		10101	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFE		12b. KIND O INDUSTRY	F BUSINE	SSOR
7/2	USUA	AL RESIDENCE (IF NURSING HOME OF				AND INCOME OF		A CTREET ADDRESS			7	
3		TATE PAR COUL		13c. CITY OR TOWN	4	13d INSIDE CIT		36. STREET ADDRESS 3501 BARKLE	Y DR.			
25	e	THER'S NAME FIRST	WIDDLE	POTTER	(D)	15. MOTHER'S	MAIDEN NAM			SEWEL		
4		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECUI		17. INFORMAN		ADDRES	SS	OHWILL.		
3			E WAR OR DATES)	227-16-49				KERMANN (H)	SAME	AS 13	230	
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b), one	d (c).					BETWEEN	MATE INTER	VAL DEATH
		PART I. DEATH WAS CAUSE	D BY. TE CAUSE (0)	· ·	EDEN	10						
\pm		4151		R AS A CONSEQUE							SF-3	
	1	Conditions, if ony, which	(b)	,)	IAL	SHUTI	Sown	(FAILURO)				
		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	10 (3)	FILE						
	3	underlying couse lost.	10,0	TUL		EMBOL C	15			1		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO					NAL DISEASE OR COND	ITION GIVE	N IN PART 1(c	21	
	NO											
1	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?		WERE FINDIN		
de	CERTIFICATION	5 HARIL 79		Pallin	EN	B02 US		YES NO X	YES		NO [
0	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O		u VEAD	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM IB, PA	RT 1 OR PART 2)		0.20
7	AL	OR CONTRIBUTING CAUSE OF DE			Y YEAR							
1	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATIO	Ν	CITY OR TOW		COUNTY		TATE ·
48	X	WHILE NOT WHILE AT WORK	(AT HOME, STA	REET, FACTORY, OFFICE, FA	ARM, ETC.)	SIREEI		CIT OR TOW		COUNT	3	IAIE.
	(3)	22a. I certify that (1) (the back	tal) ottended th	e deceosed from_		71-71	19 75	, to 6 Pm	2011	9 77	that (1) (we) lost
		sow the deceased alive or above, (I) (we) (did) (did no	5 A71		79.0	nd that in (my) (our) opinion de	eoth occurred on the do	te ond hour	ond from the	couses st	oted
		22b. SIGNATURE	i view the body	/ C	,	DEGREE				22c. DATE	SIGNED	
		Drodfo	nd	of her			TTENDING HYSICIAN	MEDICAL STAF		6 A	pil	77
T		22d. PHYSICIAN'S NAME (TOPE C	OR PRINT)			MALCO	LM GROW	USAF MEDIC	AL CE	NTER		
1		BRADFORD H. LE	E, Capt,	USAF, MO	C	ANDRE						
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF	EMETERY OR C	REMATORY	23d LOCATION		COUNTY		ATE
		BURIAL	Hpril 1	10,1979 H	rlingt	on Nat	TONAL	ARLIN				
	24. FU	UNERAL DIRECTOR CINCOT	L Mage		61 Le	esbuzg Px	250. DATE	BESD BY REGISTRAS	56. REGISTR	AR'S SIGNAT	Were	ely
	Co	Lonial Funeral	Home	FAL	LS CHO	IRCH. UA	-	11701013				_

DHMH - 16 50M 7/77 (VR A 15 (4))

** FPIL 6, 1979 **		Marin	A ' 1076 — 1.	III. III	SI II
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MERLEY DI.	3503.11		ENTRIAT	FAIREAX	AI CEREIV
		1517	(a) Higoi		CLAVILLE
62 24 HM53 (1) L	DANGLIN	no ara o	27-16-1923		O.I

BIRDPOID !. LEI, Cart, USIF, NC F. FILLES FE VD 20131

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS 4 RACE IF LINDER 1 YP DATE PRONOUNCED DEAD Ta. BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH WIDOWED 1 12b. KIND OF BUSINESS Transit Co. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE AMANDA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS LIF YES GIVE WAR OR DATEST Same HE MEDICAL EXAMINER ALONG
JSED AS A BURIAL-TRANSIT PERMIT. P.
F HEALTH AND MENTAL HYGIENE, DIN
TOEMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause perfor (a), (b) PART I DEATH WAS CAUSED BY News schooles Cardes Vas enter distant IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARKENOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.10 CERTIFICATION VARDED TO THE CHIEF MAGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAI 190. DATE OF OPERATION AUTOPSY? BURIAL, YES [NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEAT PRIOR AT WORK AT WORK 1 tor piles 22a. I certify that I took charge of the remains described above, held an DIRECTOR: and in my apinian Natural causes death resulted fram: Accident Undetermined manner PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, MA (TYPE OR PRINT) DHMH-17 20M 1/73 24. FUNERAL DIRECTOR IN D (VR A15 ME (5)) 9013 ANNAPOLIS RD

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STATE OF MARYLAND

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10154

	1 - STATE REGISTRAR	DEPART	CERTIFICAT	E OF DEATH	REG. NO	9-1	013	
	1. DECEASED NAME FIRST	T. Kirkwa	LAST		20 DATE OF DEATH April			2b. HOUR
1	3. SEX	4 RACE	5. DATE OF BIRT		6 AGE (IN YEARS LAST BIRT		JNDER I YEAR	IF UNDER 24 HRS
i	Female	White	Jan. 2	2°, 1910	69	YRS	THS DAYS	HOURS MIN
	Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED -	NEVER MARRIED	9 BALTIMORE CITY O	_		
			WIDOWED	DIVORCED [Prince			MD
200	Laurel	III. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Laure	ADDRESS)		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O P. Clerk		INDUSTRY	er BUSINESS OR Laurant
7	USUAL RESIDENCE (IF NURSING NOME OF 136. STATE 136 COUR Maryland Anne	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Arundel Laur	/N _ 13d. IN	ISIDE CITY LIMITS?	50 S. Bi	ruce S	t.	
	14 FATHER'S NAME	MIDDLE LAST	15. MG	OTHER'S MAIDEN NAM				
1	Robert	Turnbu		Florence	WIODIE		Murph	hy
1	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		FORMANT Wen Treil	257 Fe	ederal		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUIOR (b) MO (C) DUE TO, OR AS A CONSEQUIOR (c) CONDITIONS CONTRIBUTING TO	ENCE OF	Ca of a	INAL DISEASE OR CONI	DITION GIVEN	3 M	wates.
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR 19		ED (ENTER NATURE OF INJUR			<u> </u>
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		OCATION STREET	CITY OR TOW	M	COUNTY	STATE
	12a.1 certify that (I) (this hosp in a first deceased alive of his organization of the state of	After the body after death. DELLE BENSIMORE	DEGREE		MEDICAL STAF			
	23g. BURIAL, CREMATION, REMOVAL			RY OR CREMATORY	23d LOCATION	٠ ٠ سيا ال	13/	7 20400
	Burial	1 10 10-	aurel H		CITY OR TOWN		UNTY	SIXIE

Hill

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DHMH - 16 60M 7/73 (VR A 15 (4))

74 FUNERAL DIRECTOR FLECK LAUREL FUNERAL 7601 Sandy Spring Rd. HOME, Laurel INC. 20810

Laurel

4/9/79

Moscow, Allegheny

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10155

	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE REG. N	79-	1015	5	
		CEASED NAME FIRST	MIDDLE	=	AST	20. DATE OF DEATH	MONTH DA		26. HOUR	
	11116		RENCE I.	KSIA	ZEK		04-08	3-79	10:10 E	
	3. SE)		4 RACE	5 DATE (& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	f	emale	white	1	y 26, 1903	75 years	YRS	ONTHS DAYS	HOURS MIN	
25	7e. Bi	RTHPLACE ISTATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	PRINCE GEORGE'S				
7 0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWI		120 USUAL OCCUPAT		THE KIND OF	MD F BUSINESS OR	
14	CI	HEVERLY	PRINCE GEORGE	STREET ADDRESS)		(TYPE OF WORK FOR MOST		INDUSTRY	F 803114E33 OR	
35	13a. S	LE RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSIONI	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 4803 L	aSalle	Road	N E	
11.0	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		Glove	1451		
160	14 14	William	Casey	SECURITY NO.		gall ADDR		T'		
1		(AS DECEASED EVER IN U.S. es, no or unknown) I if yes, o	GIVE WAR OR DATES]	6 0711	Ione Cino	East Meadow		York		
		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b)	ond-m	h a		-	SETWEEN O	MATE INTERVAL	
		PART I. DEATH WAS CAU	TATE CAUSE (0) Court	e fleg	ocached be	factor	-			
		410-	DUE TO, OR AS A CONS	EQUENCE OF		/				
	н	Conditions, if any, which gove rise to immediate	(16) A SC							
		couse (a), stating the underlying couse lost.	DUE TO, ORAS A CONS	EQUENCE OF						
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(a	1	
	NO	C.O.B.D.	Renchites		THE RECEIVED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART			110	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	GS USED	
d	TIEN					YES NO	YES	ING CAUSES	NO [
9	CER	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAI	RT 1 OR PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF	DEATH	19						
	MEDICAL	21d INJURY OCCURRED	21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
	<	AT WORK AT WORK					2			
		22a.1 certify that (1) (this ha	spital) attended the deceased fr	7/1	19.76	_, to after	81		hot (1) (we) lost	
		sow the deceased always	not view the body ofter death.	19	nd that in (my) (our) opinion (death occurred on the d	lote and hour	and from the a	ouses stated	
		ODOAE (LINAS) (BIG ETGIG			DEGREE	MOSCAL STA		22c. DATE S	SIGNED	
		22b. SIGNATURE					CC			
		22b. SIGNATURE	1/1/10			DIRECTOR PHYSI	CIAN [14-7	-//	
			E OR PRINT)		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSI	CIAN	14-7	- //	
1		224 PHYSICIAN'S NAME (TYP	eitz, MD		PHYSICIAN C 220 ADDRESS 6525 Belcre	ost Rd., Hy	CIAN	1/-/ lle, Md	1. 20782	
1	23a. B	224 PHYSICIAN'S NAME (TYP	eitz, MD		PHYSICIAN 220 ADDRESS	est Rd., Hy	attsvi		omery Md	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) G. April 6. Lucy 1979 Kyzar 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Aud. 6, 1900 HOURS White 78 Female 7a. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY] U.S.A. Prince George Mississippi WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Greater Laurel Beltsville Hospital Cafe. Ass. School Laurel Sys. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b COUNTY 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 15804 Wayne Ave. Maryland P.G. Co. Laurel YES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST Frances William MIDOLE Price Gunne11 16b. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 500-44-6236 Alice R. O'Shea No. #13 same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/D CERTIFICATION 9a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Ž 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (exc) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING X MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN LOUNTY 4/9/79 Forest Park Cem. Caddo, Louisana Shreveport. FLECK FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR DHMH - 16 60M 7/73 601 Sandy Spring Rd. Laurel, Md. 20810 APR (VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, 4 atimes 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 2d. HOUR PRONOUNCED DEAD To BIRTHPLACE (STATE OR BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED WEST VIRGINIA USA WIDOWED XX DIVORCED PAGE 5 E FILED. D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY HYATTSVILLE 3903 - OGLETHORPE STREET HOMEMAKER 3 RETAIN PASHOULD BE F NONE USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 13c. CITY OR TOWN GEORGES 3903 - OGLETHORPE STREET HYATTSVILLE NO [VITAL 14. FATHER'S NAME PM AND OF V 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST WILLIAM BOWERS ELLA KAINBORN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) NOT AVAILABLE NO NONE 18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: election ander Vascular de IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AL EXAMINER A Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. OR DIVISION OF VITAL RECORDS, 301 HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE OULD BE FOR 22a. I certify that I took charge of the remains described above, held on ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) GE 4 SHOU FUNERAL DE TER DEATH, ITIMORE, MA Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hill, Md. 20022 EXAMINER'S NAME (TYPE OR PRINT) PAGI 10 F 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL APR.27,1979 GREEN HILLS CEMETERY MARTINSBURG WEST VIRGINI BY REGISTRAP 256. REGISTRAP 24. FUNERAL DIRECTOR **DHMH - 17** HYSONG FUNERAL HOME- 1300 N ST. . NW (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND 79-10159 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR TYPE OR PRINT LEELA JANE LEE APRIL 20, 1979 3:15P 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female. Nov. 22, 1396 Black To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. U.S.A. WIDOWEDIX Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Doctors Hosp. of Pr. Geo. Co. HOUSEWITE Lanham DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montg. Silver Spring 13d INSIDE CITY LIMITS? 130 1440 Smith Village Rd. Md. YES T 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME William H. Smith Alice Johnson Novella Burton (Daughter) Silver Spring, Md 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18-30-3882 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF MINE WORKER Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying MATERIOS EL ERDSUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Item 18 shows YES e buriol-tronsit 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED Te PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased olive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. should be detached with the State Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: IF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9326 Lanham Severn Rd., Lanham, Md. Andres Lara, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Silver Spring, Montg. Md. Good Hope Cemetery Burial 4-25-79 2 A DADE NICH, HORFOLDTRAR 2 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 246 N. Washington St Rockville, Md. 20850 George R. Snowden (VR A 15 (4))



Maryland 20870

15M 7/76

STATE OF MARYLAND

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AL RECORD HOULD BE E. TO "PENDIN" HEF MEDIC USED AS A DF HEALTH ALL, CREMATIC	CERTIFICATION	190. DATE OF OPERATION	19b. CONDE	ION FOR WHICH OPERA	ATION WAS PERFO	RMED?		20.	AUTOPSY?
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O KALTER O		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O		MONTH DAY YEAR	21c. HOW INJUR	RY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM !	18 PART 1 OR PART 2)	
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DI'S (E; THIS (E; WRITER WARD) PAGE: PAGE STATE (2) 2) 2) 1201 P		WHILE NOT WHILE AT WORK							
		22a. I certify that I took cha	arge of the remains des	Cribed abave, held on	Autopsy ,	Inspection ,	Inquiry , c	and in my opinion	
EXAMINE CERTIFICA CERTIFICA DIRECTOR WITH THE ARYLAND,		death resulted fram: Na	tural causes ,	Accident , Sui	cide 🔲 , Ham	nicide . Unde	etermined manner		
CER CER AARY		ACTUAL Area	4 XX	drouch /	TALE ((SPECIFY)		DATE Z	1-11-17
CAL THE SHO BRATH RE, A	1	SIGNATURE	1./4	21/2	M.60	ME ME	DICAL EXAMINER	SIGNED_7	10 19
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNCAL E AFTER DEATH BALTIMORE, MA		EXAMINER'S NAME HELD	eusto f.	KODRIGH	OZ ADDRESS	12800 (1)	Mas Wind	Civel,	ou klay
8 PAFT A	23a. B	JRIAL, CREMATION, REMOVAL	23b. DATE APR 12	236. NAME OF CEN	ETERY OR CREMAT		OCATION IYOR TOWN	Macounty	STATE
DHMH-17 20M T/73 (VR A15 ME (5))	24. F	INERAL DIRECTOR	ADDRESS	LA	UREL		BY REGISTRAR 256. REG	GISTPAR'S AIGNA	Mobrody
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-OF Liberta DEATH MATED 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY NEWER MARRIED 12b. KIND OF BUSINESS OF VITAL 14. FATHER'S NAME Annina Aloisio 3509 Rhouses Island Ave. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Susan Weston Mt. Ranier. MD. 18 CAUSE OF DEATH (Enter only one cause per Ing for (a), (b), and (c).) PART I DEATH WAS CAUSED BY levas elestre condid Vas cular discar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) DIVISION OF VITAL RECORDS. TH TH CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL DEPARTMENT PRIOR TO BURI 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion Undetermined manner death resulted fram: Natural causes Accident ___ Hamicide (TYPE OR PRINT) HUGUSTO 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 4-19-1979 Holy Ghost Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A 15 ME (5)) Archart Funeral Home, Inc. La Plata, MD. 20646

requires that the death certificate be

TTENDING PHYSICIAN: The law

injury, ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carbanabee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	7 !	9 - 1	0163
	CEASED NAME	FIRST	-	MIDDLE	L/	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE	OR PRINT)	LEO		D	LI	ETZ		04-03	-79	1:30 AM
3. SEX	K		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
8	Male		Whi	te	May		77	YRS.	THS DAYS	HOURS MIN
7a. BI	RTHPLACE (STATE OR F	OREIGN	16. CITIZEN OF	WHAT COUNT	RY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	FDEATH	
Wa	shington	D C			WIDOWE		PRINCE G	EORGE 'S		MD.
10 CI	TY OR TOWN OF DEA	ATH	LIE NOT IN SUC	HOSPITAL, NUF		ROTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
_	HEVERLY		PRINCE	GEORGE	'S GENER	RAL HOSPITAL	Ret. Opera			ire Dept
USU/	AL RESIDENCE (IF NUR	13b COUP	OTHER INSTITUTION	GIVE RESIDENCE BI		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	ryland	Pr.	Geo.	Hyatts		YES 🛣 NO 🗌	5824 33rd	Avenue		
14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	.,
	Amos		C.	Liet	Z	Frances			Jon	
	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS		Md.
- (1	res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	577-10-	-0086	Lawrence A.	Lietz, 212	Old Lin		, Laurel
	IS CAUSE OF DEAT	H (Enter ar	ly ane couse per	line far (a), (b)	, and (c).1	11 /	2 ^	110	BETWEEN	MATE INTERVAL ONBET AND DEATH
	PART I DEATH V		D BY: TE CAUSE (a)	Conf	らかい	Heart for t	ure & Rend	lfa (4	1	6440
	4149			R AS A CONSE	QUENCE OF		7.		,	1
	Conditions, if any		((b)_	4	uny	ar Clary V	sease		7	1 chis
	gove rise to im-		DUE TO O	R AS A CONSE	QUENCE OF	0			1	
	underlying cause	last.	(c)	Ni	lesso.	selesion, 3			4	chis.
	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a i
0	Muls	5/hle	My	lo m	h					
MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDING CAUSES	NGS USED OF DEATH?
E							YES NO	YES [NO 🗌
Ü	21a. ACCIDENT WAS UN	-	216. TIME C	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
3	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		1111	Μ.	19					
ED	21d. INJURY OCCUR		21e PLACE	OF INJURY	ICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK AT WO	MILE	,	,				1	00-	100
	22a.l certify that (I	(this hasp	ital) attended th	e deceased fro	om	19 36	_ to Viss 7		19.	that (I) (we) last
	sow the deceas abave, (I) (we) (ed alive on	it) yiew the bady	after death.	9 19. on	id that in (my) (our) apinion	death accurred on the d	ate and hour a	nd from the	causes stated
	226 SIGNATURE	1 1	6	,	(DEGREE			22c. DATE	SIGNED
	Loca	AT	lun	1		ATTENDING PHYSICIAN [DIRECTOR PHYSIC		140	3-79
	224 PHYSICIAN'S N	AME (TYPE C	R PRINT)		0 .41	22e. ADDRESS	2/11			1
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	BURIAL, CREMATION,	REMOVAL	23b. DATE	T	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	cc	DUNTY	STATE
	urial		Apr. 6	1979	Ft. Lin	coln Cemetery			P.G	Md.
24. FI	UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGISTRAR	256. RECASTRA	R'S SIGNAT	LHRE
F	rancis Gas	ch's	Sons, P.	A. Hy	attsvil	ie, Ma. Ar	N 0 13/3	1	7	7

74. FUNERAL DIRECTOR
Francis Gasch's Sons, P.A. ADDRESS Hyattsville, Md.

DHMH-16 20M (VRA 15, 4) 7/7B

FUNERAL DIRECTOR

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page 3 er death

completely filled in by the and 2 should be filed 19-10163

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE 2b. HOUR KNOWN | MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 04 13 1979 3:56A ARTHUR LIPS W. 5. DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR 3. SEX 4 RACE IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED WITHIN 72 DEAD Caucasian 12 13 93 YRS 13 179 3:56AM Male 70. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) U.S.A. Germany WIDOWED DIVORCED Prince Georges County FILED, V 301 W. 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Farmer SOUTHERN MARYLAND HOSPITAL CENTER 2, AND 3 TO 3. RETAIN PA SHOULD BE F I RECORDS, 3 Clinton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P.O.Box 257 Md. Pr. Geo. Brandywine YES [NO S N OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE LAST LAST CIRCT Emma M. Gustav 166. SOCIAL SECTRATOR __ TIT. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION PAGES -(YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES Louise E. Lips (Wife) Same as#13 None 577-07-04-57 No 18. CAUSE OF DEATH (Enter only one cause per A BURIAL-TRANSIT PERMIT.
AND MENTAL HYGIENE, C c Christo Voseller PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 SED AS A HEALTH A uction of slave CREMAT CERTIFICATION 196. CONDITIO 20. AUTOPSY? OF BURIAL, YES NO 3 SHOULD BE DEPARTMENT O 21n EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME. 21E LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, FTC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Suicide Hamicide ____ Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNED. 12800 Willow Wind Circle, Oxon Hill, Md 20022 Rodri usto EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Ft. Lincoln Cem. P.G. Maryland Burial Brentwood 24 FUNERAL DIRETER Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A 15 ME (5)) Oldalexander Ferry Rd. Clinton, Md.AP 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND

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				STAT	E OF MARYLAND			
	1.	FOR STATE	DEF		EALTH AND MENTAL HY	GIENE	70 10100	
		REGISTRAR			ICATE OF DEATH	REG. NO		
1	1. DE (TYPE	CEASED NAME FIRST	WIDDLE	1 -	her	20. DATE OF DEATH	MONTH DAY YEAR 26. HOU	05
	3 SE		TARACE (NMN)			6 AGE (IN YEARS LAST BIRT	4-26-79 8 HDAY) IF UNDER 1 YEAR IF UNDER	PN
	3 SE	Female	White	5. DATE C		79	MONTHS DAYS HOURS	MIN.
8		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	JTPY2 R	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
0/7	BA	VARIA Germany	Germany	WIDOWE		Prince G	eorge's	MD
9		TY OR TOWN OF DEATH Argo	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Manor Care	STREET ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		SS OR
2	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	None	
	M	aryland Prin	ce George Hyatt	sville	YES NO	5321 Cri	ttenden Street	
1/4	14. F/	Jöhn	MIDDLE Loher	ī	Johanna	MIODLE	Deisboeck	
	16a \	VAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	12620R	Shesapeake Drive	
1	1	(IF YES, G	None		Herbert Tary	pley Charch	ton, Maryland	
		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (SED BY:	bi, opdyc	h	L T 1	APPROXIMATE INTER BETWEEN ONSET AND	VAL
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	(ange	stive Hear	tailure	years	
		2449 Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	Hupothynoid	ism	4	
		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF	20stre sten	1053	17	
	z	4	CONDITIONS CONTRIBUTION	Sa. 1 (1 1 2 2 2 2 2		DITION GIVEN IN PART 1(0)	
<u></u>	ATIO	190 DATE OF OPERATION	lerotic Candi		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED)
3	CERTIFICATION	The DATE OF GLERNING		THE TOTAL PROPERTY.	TO THE OWNER	YES T NOT	IN CERTIFYING CAUSES OF DEAT	H?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY	H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	YN COUNTY ST	ATE
			pital) attended the deceased	from	30 ,19 7	10 14	-26, 19 79, that (1) (w	ve) los
		sow the deceased alive a above, (1) wey(did) (did)	not) view the body after death	19	nd that in (my) (our) opinio	n death occurred on the de	ote and hour and from the causes sta	ted
	20	22b. SIGNATURE		Vr	DEGREE ATTENDING	MEDICAL STAI	22c. DATE SIGNED	
			ames 7 - 9	11/m,1	PHYSICIAN	DIRECTOR PHYSIC		17
1			ORPRINT)		220 ADDRESS 1069	74 Campus	ital S.	
		James	J. Rim	Table 1 and 1 and 1		10.20870	V	
		BURIAL, CREMATION, REMOVA SPECIFY:	23b. DATE 4/30/79		ivet Cemeter	CITY OF TOWN	COUNTY STA	TE
		MEANGES Gasch	s Sons Funera	Home P		ALE ALOODI BY REGIOTACE		4
		Myattsville,				MAI 1 19/9		7

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	1-	STATE			DICAL EXAMIN				REG. 709	-101	67
	1 DE	REGISTRAR CEASED NAME	FIRST	MILI	MIDDLE		LAST		REG. NOJ	101	YEAR 25 HOUR
		PE OR PRINT)	Polar.		20111	-		OF	ESTI-	11-11	7
	3. SE	4. RACE	irtey	TE OF BIRTH	6. AGE (IN YE	ARE LEUN	DER 1 YR. IF UNDER		MATED .	ONTH DAY	9/4 M
	1	Tele Vaile	MOI	NTH OAY	YEAR LAST BIRTHD	AY) MONTE		24 HRS. 2c. DAT MIN PRONOL DEA	JNCED //	i.i	7-714
	70 B	IRTHPLACE (STATE OR	7b. C	2-28.	HAT COUNTRY?	RS.			MORE CITY OR C		9 19 M
19	FC	REIGN COUNTRY)		110	4		ED NEVER MARRI	ED U	man To	10000	ATT.
11		TY OR TOWN OF DEAT	H 11 N	IAME OF HOS	PITAL NURSING HOM	WIDOW		12a USUAL OCC	UPATION (TYPE OF	WORK TIZE KINE	MD.
4	1	1			CILITY, GIVE STREET AODRESS)			FOR MOST OF W	ORKING LIFE)	ORI	NDUSTRY
- 0	USU	ALRESIDENCE LIE IN NURS	ING HOME OR OTHER	PHINCE RINSTITUTION GIV	VE RESIDENCE BEFORE ADMISSI	Chek	PAL HOSP.	LIDRER	1/12 - J	usfice 1.	Jept.
5	130. S	TATE	36. COUNTY		13c. CITY OR TOWN		136. INSIDE CITY LIMITS?	13e STREET ADD		01	
V	170	ARYLAND	Ph. be	20.	LAVOCUER	41/15	YES NO	6835	BARTON	Ka.	
0	14. 1.	ATHER'S NAME	MIDO		LAST		15. MOTHER'S MAIDE	NAME	WIOOFE	LA.	ST /
	160	VAS DECEASED EVER II		inas	166. SOCIAL SECURIT	Y NO	17. INFORMANT	,	ADDRESS	u	relch
1	100.	ES, NO, OR UNKNOWN)	IF YES, GIVE WAR OR	DATES)	1/17 26			01		AC +4	12
	-	Yes 1	1946 -	1948	7/2-30-2	1070	CAROLINE	S. Long	SAME		2
		18. CAUSE OF DEATH PART I DEATH WA	I (Enter only one IS CAUSED BY:	cause per The	for (a), (b), and (c).)	. 1.	000	2/0000	and dese	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
		11460	IMMEDIATE CAL		Leursalle		Caraco	vas eux	or all re	ane	
ON, OR REMOVAL.		Canditions, if an	v. which	DUE TO, OK	AS A CONSEQUENCE	OF.					
		gave rise to in couse (o) stating t	mmediate /	(b)	46.4.60.160.161.161						
		lying couse lost.	ne under-	DUE 10, OR	AS A CONSEQUENCE	OF					
		BART O OTHER CICALCICANY	((c)							
	z	PART Z OTNEK SIGNIFICANT	COMPILIONS CONTRIB	BUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PAR	11 (0).			
-0	CERTIFICATION	190. DATE OF OPERAT	ION	TION CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20 ALI	TOPSY?
1	FIC			170. COTTO	NOTE OF CHILD COLOR		AO TERI ORMED.				
2	- 1	210 EXTERNAL CAUSI	EWAS	21b. TIME OF	INJURY	121r HC	W INJURY OCCURRED	O JENTER NATURE OF	NILIRY IN ITEM 18 PART		S NO
3		UNDERLYING DO	R	HOUR A.M	MONTH DAY YEAR			J (2.1161 1111 011 01 1			
	MEDICAL	CONTRIBUTING C	FD		. 19 DF INJURY (AT HOME,	21f. LO	CATION				
	ME	WHILE NOT W	AHITE U	STREET, FACT	ORY, FARM, ETC.)		TREET	CITY OR T	OWN	COUNTY	STATE
		AT WORK AT WO	ORK				frame)	Tip/			
		220. I certify that I t	oak charge of th	ne remains de	ribed obove, held an	Autops	sy . Inspection	Inquir	y L, and in	my opinion	
		deoth resulted fram:	Natural cau	res 1.	Accident . Su	icide	, Hamicide .	Undetermined r	nonner,		
		ACTUAL C	Land.	, QV	2	/	THE ISPECIFY			DATE (/	11-7/
-	1	SIGNATURE	regusts	1.40	megay	M	De July	MEDICAL EXA		SIGNED 4	4-14
3		EXAMINER'S NAME	Vina	60	andle-		120001	1/07/4	111.11	Ta 15	71 n. W. 0
_		(TYPE OR PRINT)	naus 18	1.16	DRICKE		ADDRESS-900 (L	1140001	w circu,	100101	un, jus
18	23o. B	URIAL, CREMATION, RE	MOVAL 236. DA	TE O	23c. NAME OF CE	METERY O		23d. LOCATION		COUNTY	STATE
3	24.5	BURIAL	7-	8-17	LYNHU	IEST.	Cemetery	Knoxvill	RAR 256. REGISTS		MARCSPE
	24.1		obert	D. 13868	TUNEBAL	Hom	e. DATER	PR 1/2 19		AND SIGNARU	Brooks
		9013 A	nagroli	s Kd.	LAUHAM, MO	· Ur	rece ?	1 1 70 13	13	/	
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41	T - STATE REGISTRAR	MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH	79-10169
ET,	1. DECEASED NAME FIRST (TYPE OR PRINT) (7/12/03/4	MIDDLE & C	ONG 20. DATE K	ESTI-
SSARY, FILES AL DIREGISOR YOUR PILES WIN 72 HOURS	Male Black "	DATE OF BIRTH ONTH DAY YEAR VEAR LAST BIRTHDAY) WONTH YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	DER 1 YR. IF UNDER 24 HRS. 2c. DATE IS DAYS HOURS MIN. PRONOUNG DEAD	CED 4 - 24 1979 AM
WITT PRE L	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) UNKNOWN	CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	ORE CITY OF COUNTY OF DEATH WERE CHECKES
PAGE PILEE		NAME OF HOSPITAL, NURSING HOME, OR OTHI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GREATER LAUREL HOSP'T	ER INSTITUTION 12a. USUAL OCCUP, FOR MOST OF WORK NONE	ATION (TYPE OF WORK 12b. KIND OF BUSINESS
RECORDS,	USUAL RESIDENCE (IF IN NURSING HOME OR OTH 130. STATE 130. COUNTY P.G.C	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e STREET ADDRES	198 FOREST HAVEN
RM PM 3. AND 2 S OF VITAL	14. FATHER'S NAME FIRST MACON	TAYLOR	15. MOTHER'S MAIDEN NAME FIRST VIRGINIA	LONG
GES 1	16a. WAS DECEASED EVER IN U.S. ARMED (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR O		17. INFORMANT VIOLA WEYANDT F	ADDRESS OREST HAVEN, LAUREL, Md
G" IN PENCIL IN 18. G CAL EXAMINER ALONG WII SURIAL-TRANSIT PERMIT PE AND MENTAL HYGIENE, DIV ON, OR REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO ORAS A CONSEQUENCE OF (b) Diencheal Os FA DUE TO ORAS A CONSEQUENCE OF (c) Letter dation le	mg	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ED AS A HEALTH CREMATH	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE		20. AUTOPSY?
SIOR TO BURIAL,		HOUR A.M. MONTH DAY YEAR	OW INJURY OCCURRED TENTER NATURE OF INJU	YES NO PRE 10 PART 2)
201 PRIOR 1	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, 21f. LOC	CATION CITY OR TOW	n COUNTY STATE
ARYLAND, 21		PO	Hamicide Undetermined man TITLE (SPECIFY) Deputy MEDICAL EXAMI	DATE 21-25-76
PAGE A SHOULD THE PAGE A SHOULD BE A SHOULD BE A SHOULD BE ALT IMORE, M.	EXAMINER'S NAME ANGUSTO		12800 Willow Wind Ci	rcle,0xon Hill,Md.20022
AF 8A		22-1979 73c. NAME OF CEMETERY OF FOREST HAVEN		P.G.C. Md. :
HMH - 17 15 ME (5))	24. FUNERAL DIRECTOR NAME W. W. CHAMBERS	CO 517 11th st.S.E. V	WASH. 250. ONE REC'D. BY REGISTER	25b. P. S. S. S. S. C.

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 2a DATE KNOWN OF ESTI-DATE PRONOUNCED DEAD 7a. BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland US DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH OCCUPATION (TYPE OF WORK 26. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Leland Memorial Hospital Food Broker Foods Riverdale USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 136 STREET APDRESS Buren Pro Georges Md 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST 1 AND Robert Thomas Longridge Mary E Pinch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Hyattsville, Md DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Katharine Appleton Longridge 578 07 0877A no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last. CERTIFICATION Synchrock 20. AUTOPSY? OF PRIOR TO BURIAL, YES . NO [STATE DEPARTMENT AT WORK AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV.
TO FUNEAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21; 220. I certify that I took charge of the remains described above, held death resulted from Natural caures Undetermined monner 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 4/10/79 Ft Lincoln Crematory Brentwood Pro Georges Cremation Md. DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE F. Gasch's Sons P A Hyattsville, Md. (VR A15 ME (5))

01101-01 AND THE PARTY OF T BOOLER SHIPLING TO BE TO USE TO **医乳腺素质 2016 表 1016 1016 1016 1016** THE RESERVE AND ASSESSMENT OF THE PROPERTY OF

STATE OF MARYLAND 79-10171 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 2h HOUR (TYPE OR PRINT) Mildred Irene Madison 1979 April 6. 1:00AM 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 28, 1907 Female. Sept. 71 Caucasian TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. Prince George New Jersev NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Southern Md. Hosp. Own Home Type of work for most of working life)
Housewife Clinton W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b COUNTY 134. INSIDE CITY LIMITS? 113c CITY OR TOWN 8101 Uld Branch Ave. Marvland Clinton 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bessie Patchell Gilmore Bennett Harry EASED EVER IN U.S. ARMED FORCES' 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 578-30-5563 Walter H. Madison same as 13 a-e no 18 CAUSE OF DEATH lEnter only one couse per line for PART I. DEATH WAS CAUSED BY: Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Sp 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS the the 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY SPECIFY) Burial Lincoln Cemetery Brentwood, P.G. Md. DHMH - 16 60M 1/75 (VR A 15 (4)) ee Funeral Home, Clinton, Maryland 20735

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6	7	1. DE	CEASED NAME E OR PRINT)	FIRST CHARL	ES		AUL		MAHONS	K. y		DATE KNO OF ES DEATH MA	TI-	4	10 19 79	26 HOUR
V.	520		Male	White					UNDER 1 YR	HOURS	MIN PR	ONOUNCE!		4	10 ₁₉ 79	8:22R P M
NECE S	F. PRE	Ň	RTHPLACE (STATE REIGH COUNTRY) EW YOT TY OR TOWN OF	k	U.	S.A.	L, NURSING H	WID	OWED	DIVORCE	0 0	Princ			S Count	MD.
DELAY IS	PAGE PREFILED OS, 301	Те	mple H		390	O Cry	stal	Lane	(Res	idence					OR INDUSTR	RY
21201 IF ANY DELAY IS NECE 2, AND 3 TO THE FUNE	SHOULD SHOULD L RECORD	13a. S M		13b. COUNT	Υ	130	city or tow	N	1s YES	NO THE HER'S WAIDE		d Address O Cry	stal	Lar	ne	
R DEATH.	101/4P		unavia	ble EVER IN U.S. ARM	MIDDLE	5? 16	LAST b. SOCIAL SECU	JRITY NO	17 INFO	- una	viab]	MIDDLE		ane	last	nole
BALTIMO IRS AFTER GIVE PA	PAGI	(Y	NO, OR UNKNOW	N) (IF YES, GIVE W	VAR OR DATES)	1	06-01-		1 Ma	ry A.	Jenk	cins '	Waldo	rf	Md.2	0601
cCUTED WITHIN 24 HOL	EXAMINER ALONG RAL-TRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL.		Canditions gave rise cause (a) s' lying cause	IMMEDIATE , if any, which to immediate tating the under-	BY: E CAUSE (a DUE (b DUE	Art TO, OR AS A	erioscl A consequen A consequen	erot: CE OF				diseas	5 e		BETWEEN ONSE	ANDDEATH
TAL RECORDS	유민보유	CERTIFICATION	190. DATE OF C	PERATION	19b. (CONDITION	I FOR WHICH C	PERATIO	N WAS PERFO	DRMED?					20. AUTOPSY	NO [
ON OF VIT.	DED TO THE CHII 3 SHOULD BE US DEPARTMENT OF RIOR TO BURIAL,			OR G CAUSE OF D	DEATH HO	P.M.	ONTH DAY 19	EAR		RY OCCURRED	TAN REINES	URE OF INJURY	IN ITEM 18 PART	1 OR PAR	72)	
DIVISI HIS CERT	SEWARDED TO PAGE 3 SHC STATE DEPAR 21201 PRIOR	MEDICAL	21d. INJURY OC WHILE AT WORK			PLACE OF IN	NJURY (AT HOM FARM, ETC.)	E, 21	LOCATION		C	EITY OR TOWN		cou	NTY	STATE
KAMINE	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 21:		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	Vousto	al causes E	e H	cident ,	Suicide	TITLE	Inspection micide (SPECIFY) istant 111	Undetern	Inquiry Inquiry Inquired manner	er ,	DATE	4/11/	79
170 WE EXECUTE	PAGE TO FUI AFTER BALTIM	0	URIAL, CREMATI	ON, REMOVAL 23	3b. DATE		23c. NAME OF	CEMETE		TORY	23d. LOC.			COUN		1 ATE
(VR A)	MH - 17 15 ME (5)) M 7/76	24. F	tombmenuneral direct		-13- Home			11	oln Co land	254. DA	Rola 6	1979	anozy	PC	ABY	and

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FOR 1 - STATE REGISTRAR I. DECEASED NAME (IVPE OR PRINT) PROTE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 9 - LAST LAST OF ESTI- OF ESTI- OF ESTI-	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN DON'T OF ESTI-	10174
DEATH MATED 4	-8 19 79 A
3. SEX ARE ARACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED 4-8	H DAY YVAR 2d HOLLE
70. CITIZEN OF WHAT COUNTRY? 10. CITIZEN OF WHAT COUNTRY? 10. CITIZEN OF WHAT COUNTRY? 10. MARRIED ARRIED DIVORCED DIVORCED DIVORCED	(A)
TH Cheverly Gire Strate Ton Hop (DOA) FOR MOST OF WORKING LIFE) Auto Body	Auto Body
Maryland P.G. Co. Tuxedo YESX NO 2503 50th Avenue	e
14. FATHER'S NAME FIRST FABRICINO MIDDLE LAST FROM LAST ADDRESS	Sosa
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO None	s #13
(IF YES, NO, OR UNKNOWN) NO (IF YES, GIVE WAR OR DATES) NO NO (IF YES, GIVE WAR OR DATES) NO NO (IF YES, GIVE WAR OR DATES) NO O55-48-0325 Olga Martinez (Wife) Same as OBJANTI DEATH (Enter only one couse per line for (o), (b), and (c).) PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUR TO, OR AS A CONSEQUENCE OF Conditions, if ony, which	BETWEEN ONSET AND DEATH
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Chambers Funeral Home Riverdale, Maryland

201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

(VR A 15 (4))

STATE OF MARYLAND

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	7 1	FOR STATE		OF HEALTH AND MENTA	7 0	_10176
		REGISTRAR DECEASED NAME FIRST		NINER'S CERTIFICATE	· MEC	. но. Отто
	4.5	TYPE OR PRINT)	JOSEPH ALL 2	LIAI FLI	20. DATE KNOWN OF ESTI-	
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REC.	5	SEX A RACE	S. DATE OF BIRTH QQ 6. AGE (RTHDAY) MONTHS DAYS HOURS	DER 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 24 HOUR
SSARY, PLEASE RAL DIRECTOR. R YOUR FILES. FROM TO HOURS		BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	TRE.	DEAD	4-1 19/9 PM
ECESSARY NERAL DII FOR YOU WITHIN 72		FOREIGN COUNTRY! D. C	U.S.A.	MARRIED NEVER MA	ARRIED A	Y OR COUNTY OF DEATH
7 2	. / /	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		12a. USUAL OCCUPATION	(TYPE OF WORK 12b. KIND OF BUSINESS
PAGE PAGE	00		(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	ESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
NY DEL VD 3 TO CUTAIN P	US	VATTSVILLE UAL RESIDENCE (IE IN NURSING HOME O	2261 LEWISDALE DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADI	DRIVE	SECRETARY	SOUTHERN RR
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		MARYLAND PRI FATHER'S NAME	NCE GEORGES HYATT			LE DRIVE
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7 0 = -		PART I DEATH WAS CAUSED	BY: (12 Xear SC	lew lu gon	der Mean Or	BETTATEEN CALEET AND OF LTA
ON 124 ITEA)_;	11 2 9 3 IMMEDIA	DUE TO, OR AS A CONSEQUEN		e color eaco	744
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× 22325	SEM(gave rise to immediate cause (a) stating the <u>under-</u>	(b)	ICE OF		
- F-X43	OC	lying cause last.	(0)			
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ON THE TOT TOT TAR	2	UNDERLYING OR CONTRIBUTING CAUSE OF I				
VISI CERT TING SED 3 SP	PRIOR TO	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		WHILE NOT WHILE AT WORK			CITORIOWN	COUNTY
IR: THI VIE, W ORWA FR: PAC		22a. I certify that I taak charg	e of the remains and above, held a	an Autopsy , Inspec	ction Inquiry I	and in my apinion
AINE SE FACTOR	ARYLAND		ol couses Accident	Suicide . Homicide	Undetermined manner],
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2 8 PASTA	23	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL		CEMETERY OR CREMATORY	23d. LOCATION	STATE STATE
BP	- 0.0		4/5/79 CEDAR		SUTTLAND	PRI GEO MO.
DHMH - 17 (VR A15 ME (FUNERAL DIRECTOR FRANC	IS J. COLLINS ,W.,SILVER SPRING,I	10 00001	TE REC'D. BY REGISTRAR 256. R	EGISTKAK S SIGNATUKE
15M 7/77		JUU UNIV.BLVV.	,w., SILVER SPRING,	NV. 20901	APR 3 1070	hoten bear

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10177

	CEASED NAME	FIRST	M	NODLE	LA	ST	20. DATE OF DEATH	HINOM	DAY	YEAR	2b. HO	JR
(TYP)	E OR PRINT)	ROBER	T	E	MC	CONNELL		04	07	79	4:	20
3. SE	Male	4	white		5. DATE O	F BIRTH DAY YEAR 1920	6 AGE (IN YEARS LAST B	RTHDAY]	MONTH	DER I YEAR	HOURS	MIN
70 B	SIRTHPLACE ISTATE OF	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	□ NEVER MARRIED □	PRINCE			EATH		
10. 0	CHEVERL'					ROTHER INSTITUTION NERAL HOSP.	12a USUAL OCCUPA (TYPE OF WORK FOR MOS' Retire	OF WORKING	LIFE) IN	b. KIND O DUSTRY ewel		ESS
13a.	JAL RESIDENCE (IF NO STATE Md	13b. COUNTY	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Berwyn H	N I		13. STREET ADDRESS	ntiac	st	•		
d		Robert				15. MOTHER'S MAIDEN NAME FIRST Ethel	Zachary			LAS	ī	
16a. \	WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME	ED FORCES? VAR OR DATES	241 22		James McConi	2	ress wyn Ho	eigh			
	PART I. DEATH	WAS CAUSED IMMEDIATE	BY:	line for (a), (b), and		SMOINTES TIN	in Butte	DING	_	APPROXI BETWEEN C		DEA
	0389 Conditions, 47 or		DUE TO, OR	PROBAB	- /	ASTRITIS				20	Ray 5	
	gove rise to i couse (a), sto underlying cou	mmediate ting the ise last.	(b) DUE TO, OR (c)	PROBAB AS A CONSEQUE SEPSIS	ENCE OF	AS TR I TIS	NAL DISEASE OR CO	NDITION C	GIVEN IN	2.	uks.	
TIFICATION	gove rise to i couse (a), sto underlying cou	mmediate ting the use last. GNIFICANT CO	DUE TO, OR (c) ONDITIONS CO	PROBAB AS A CONSEQUE SEPSIS ENTRIBUTING TO E	ENCE OF		NAL DISEASE OR CO	20b. IF Y	res, wer	2.	uks.	TH?
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26. HOUR LTYPE OR PRINTI CLARA MICHAELS 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS. 18". White 1887 Female. Dec. 91 To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. North Dakota Prince George's WIDOWED DIVORCED | A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR Greenbelt Convalescent Cen. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greenbelt. Clerk Social Secuti USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 200 Ft. Meade Rd. 130 STATE 136_COUNTY 13L CITY OR TOWN 134 INSIDE CITY LIMITS? Maryland P.G. Laurel YES A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Thor MIDDLE Gerda MIDDLE Thor'lakson Laxda1 ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 383-20-2508 Grandville W. Michaels same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY neumoura IMMEDIATE CAUSE (a ascular archident Canditians, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from _ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on. obove, (1) (we) (did) (did not) view the bady after death DEGREE 22b. SIGNAKURE MEDICAL ATTENDING ould be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial Riverside Cemetery Marshaltown, Marshall, Iowa 24 FUNERAL DIRECTOR DHMH-16 20M LAUREL FUNERAL HOME: INC. Sandy Spring Rd. Laurel, Md. (VRA 15, 4) 7/7B

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10180

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
Et	thel Marcel	la Mihaly	April 19,	1979 7:15 A
3 SEX	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Cauc.	Jan. 4, 1908	5 73 YRS. M	AONTHS DAYS HOURS MIN
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COUNTY	OF DEATH
Penna.	U.S.A.	WIDOWED DIVORCED	Prince Georg	ges M
Bowie	12805 Kenda		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKEY	126 KIND OF BUSINESS OR INDUSTRY None
USUAL RESIDENCE (IF NURSING HOM 13a STATE 13b CC Maryland Pri.		OWN 13d. INSIDE CITY LIMI	13e STREET ADDRESS 12805 Kendale	Lane
4. FATHER'S NAME FIRST John	MIDDLE LAST Dean	15. MOTHER'S MAIDE FIRST	N NAME MIDDLE Unknown	LAST
60 WAS DECEASED EVER IN U.S.		ECURITY NO. 17 INFORMANT		owie
(YES, NO OR UNKNOWN) (IF YES,	190-46	-1805 Stephen R.	. Mihaly,12805 Kenda	
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	ISED BY IATE CAUSE (a) Cere	provascular acces	1	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		luve, hypertension	1/24.
	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
OR CONTINUENT MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive abave, (I) (wa) (did) 44'	on April 11		nian death accurred on the date and hour	9.79 , that (I) () los and from the causes stated
Dand a.	Bretcher,	M.D. ATTENDIN	NG MEDICAL STAFF AN MODIFICATION DISTRIBUTION DISTRIBUTION DI	221. DATE SIGNED April 19,197
22d PHYSICIAN'S NAME (TYPE Dr. David	Boetcher, M.D.	220 ADDRESS 3327 Supe	erior Lane, Bowie, N	Maryland
Burial, Cremation, Remov (SPECIFY) Burial	the state of the s	33. Name of CEMETERY OR CREMATO South Side Cemeter	ry Pittsburg, Henr	COUNTY STATE
9013 Annapol	ll Lanham Funers is Road, Lanham	l Home	APR 2 4 1979 256, RESISTRAN 256, RESISTRAN	AB'S SIGNATUR

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STATE OF MARTIAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-10181 CERTIFICATE OF DEATH page 3 Middle Last DECFASED-NAME First 2g. DATE OF DEATH 2b. HOUR (Type or print) Anna B Miller Stote 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (In years last hirthday) MONTHS DAYS HOURS December 14. 1910 Fomale White 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Prince Georges U. S. A. New York WIDOWED I DIVORCED T 12a. USUAL OCCUPATION (Kind of work dane IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital pe 12h KIND OF BUSINESS OR give street address) inghill Drive #304 Housewise working life, even if retired.) Greenbelt INDUSTRY BALTIMORE, MARYLAND 21201 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER #304 admission) STATE Maruland Prince YES X NO T 6200 Springhill Drive, Greenbelt Georges 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Loibowitz Alex Baraff Sarah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknawn) David Miller Same as No. 13 579-16-0442 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Wente my cardinal for ex PRESTON STREET, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natity medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Africa 1961, to 1961, to 1979, that (I) (we) last saw the deceased alive an 1974, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 4/18/79 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN NAME (Type Till Bergemann M.D. 115 Centerway Greenbelt.Md. TO FUNERAL Heal should 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) King David Memorial Garden Falls Church, Virginia 4/20/1979 Donald M. Stein Hebrews Memorial F. H. 250. RECD BY REGISTRAR DHMH-16 1/71 30M Washington, D. C. DATEAPR 2 (VR A15 (4)) 232 Carroll Street, N. W.

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH poge 3

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10183

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REGISTRAR					REG. NO.		
1. DECEASED NAME	FIRST	MI	DDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b.	HOUR
(TYPE OR PRINT)	Eugenia	·	F. M	OORE	April 22, 19	79	L:35p,
3. SEX	4.	RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
Female		White	Sen	otember 14,1908		rs.	DURS MIN
70 BIRTHPLACE (STATE (OR FOREIGN 7b	CITIZEN OF W	HAT COUNTRY? 8.	RIFD A NEVER MARRIED	9 BALTIMORE CITY OR COL		
New		USA		OWED DIVORCED	Prince-Georg	ges	М
10 CITY OR TOWN OF		. NAME OF HO	OSPITAL, NURSING HOA	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BI	USINESS OF
Hyattsvil			Sacred Hear	t Home	Homemaker	H	one
USUAL RESIL IFF	1)36 COUNTY Montg	HER INSTITUTION, G		134 INSIDE CITY LIMITS?	5101 River Ro	1 1 1 700/	
Maryland	Montg	omery	Bethesda:	YES 🔀 NO 🗌		1.,Apt.1204	
14. FATHER'S NAME	MIDI			15. MOTHER'S MAIDEN NA	AME		
Josep		DIE	Fealy	Margare	t	Willia	ns
160 WAS DECEASED EN	ER IN U.S. ARME		166 SOCIAL SECURITY NO		ADDRESS		
NO NO	(IF TES, GIVE WA	CR OR DATES)	577-86-8486	A. Jasper Mo	ore. Husband.	Same as ite	m 13.
18 CAUSE OF DE	ATH (Enter only o	one cause per	ne Willia), (b), and (c)	4		BETWEEN ONSE	E INTERVAL
PART I. DEATE	WAS CAUSED B	3Y. 7	Trulies	Cours		4/13	175
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gove rise ta cause (a), st			2	. 1 .	/ 2	1 /-	1
underlying co		DUE TO, OR	AS A CONSEQUENCE O	Dockerel	Endocardi	fis / /22	179
PART 2. OTHER S	IGNIFICANT COL	NDITIONS COL	-0-1	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)	
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4 190 DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED		FYES, WERE FINDINGS	
H -					YES TO NOW	ERTIFYING CAUSES OF	NO I
AND TATE OF OPE	UNDERLYING	21b. TIME OF			RED (ENTER NATURE OF INJURY IN ITE		- U
OR CONTRIBUTING	_		MONTH DAY YE				
(IF EITHER, NOTIFY M		P.M		19			
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WHILE NO	T WHILE WORK				-		
220.1 certify that	(II) (this basnital)	attended the	deceased from	19 10 79	10 4/22	10 79 tha	(I) (we) la
	eased olive an	4/20	10797	and that in (my) (eyr) apinipr	death occurred on the date and		1., 1
obave, (1) Au) (did) (did not) v	riew the body a	fter death.				
22b. SIGNATURE	ax		0	DEGINE ATTENDING	MEDICAL STAFF _	224. DATE SIG	NED /
Ve	VV	ce	wer .	PHYSICIAN	DIRECTOR PHYSICIAN	1 7/1	2/19
THE PHYSICIAN'S	NAME (TEPE OFFE	INT)		27e ADDRESS	I A STORY	12/1	sh of
X	1.1	RCH.	NER	6480-N.H	. DR /AROCU	4 Jacobla &	MX
230 BURIAL, CREMATIC	N, REMOVAL	23b. DATE		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY	STATE
(SPECIFY) Buri	al	4/25/19	7/9 Gate c	of Heaven Cemet	ery Silver S	oring. Md.	

204 16

JOSEPH GAWLER'S SONS INC.

5130 WISC. AVE. H. W. WASH., D. C.

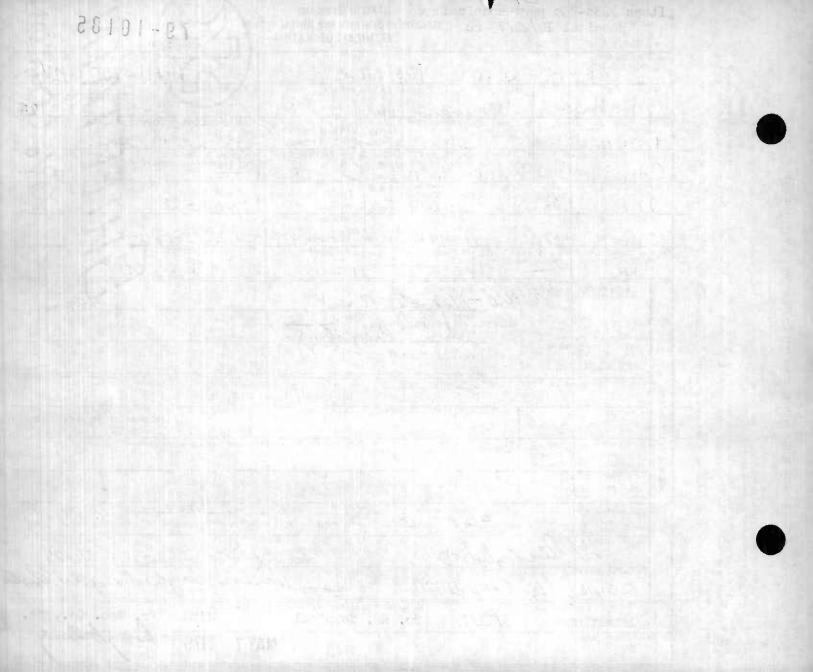
DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

NAME

Term. Transfer

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	Lı.	FOR Hospital 10/2	2/79 rc DEP	ARTMENT OF HEA	LTH AND MENTAL HYG	ENE 7 C	1-10185 1	2
		REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	12	P
		CEASED NAME FIRST	MIDDLE	A LAST		20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR	7)
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тоу В работ	3. SE	X 4	RACE	5. DATE OF E	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS	HRS
director American		Female	White	APRIL	27 1979			5
So di Po		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8 MARRIED [NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
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of the offe	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY GIVE S		center institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OR
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vaicon and completely filled in by opers. Pages 1 and 2 should be fill vool. 11, the medical examiner must be no	13a	AL RESIDENCE (IF NURS OR OT STATE		TOWN // 113	d. INSIDE CITY LIMITS?	STREET ADDRESS	8	
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, BALTI ficate b hysicro popers. noval.		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b	oi, and ic.			APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE) IMMEDIATE	CAUSERS) - PURE	witer as	net.		45 min.	
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V. Pu		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	0			
201 V sed by please rial, a			lel					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending phase the buriol-transit permit. Then please remove corbang hand Amental Hygiene prior to buriol, cremotion, or removed or them 18 shows any injury, or other traumatic even	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR COND	OITION GIVEN IN PART 1(a)	
been mit The prior the ony in	A P	190. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION V	WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED	
REC.	CERTIFICATION					YES NOT	IN CERTIFYING CAUSES OF DEATH	?
VITAL R. N. The I hysicion. Icote hos ronsit per Hygiene 118 shows	ER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2	It. HOW INJURY OCCURR			
N OF VI SICIAN ng phys certific uriol-tro temtol Hi		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR				
ON C HYSIC Is cer burio Ment	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	2	II. LOCATION			
DIVISION OF PROPERTY	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY STATE	Ē.
DO TOE		22a.1 certify that (I) (this haspital) attended the deceased fr	om 4	127 19.79	_, to4/2/	19 75 , that (I) (we) lost
Pirot for us of He	140	sow the deceased alive on obove, (1) (we) (did) (did not)	view the body ofter death	19.79_, and t	hot in (my) (our) opinion d	leoth occurred on the do	te and hour and from the causes state	d
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HOSPITAL ned by 1 FUNERAL old be det rithe State		22d PHYSICIAN'S NAME (TYPE OR PI			2e ADDRESS	dur man	land suntal a	inte
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0 9 0 % W	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE		ETERY OR CREMATORY	23d. LOCATION	Pr. Set. Co., Mi	d.
BP	1	Cremation	5/11/79	So. Md. I			1. 10.	
DHMH-16 50M7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR	ADDRES	SS	250. DATE	RECP. BY 1979AR	25b. PLEASTING SOUTH COM	



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TTENDING PHYSICIAN:

TO HOSPITAL

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-fransit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MALE BLACK APRIL 10,1919 60 years yrs. MARYLAND 16 CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED PRINCE GEORGE'S	
A. NEWMAN, Sr. 04-20-70 3 SEX 4 RACE BLACK BLACK APRIL 10, 1919 6 AGE (IN YEARS LAST BIRTHODAY) WONTH MONTH OAY APRIL 10, 1919 9 BALTIMORE CITY OR COUNTY OF D WIDOWEDL DIVORCED PRINCE GEORGE'S 10 CITY OR TOWN OF DEATH CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 130 STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 131 STATE MANUARD 14 FATHER'S NAME FIRST MADDLE MADDLE MADDLE MADDLE MADDLE MADDLE MANUARD 15 MOTHER'S MAIDEN NAME FIRST MANUARD MANUARD MANUARD MANUARD MANUARD MANUARD 15 MOTHER'S MAIDEN NAME FIRST MANUARD MANUARD MANUARD MANUARD MANUARD MANUARD MANUARD MADDLE MADDLE MADDLE MADDLE MADDLE MADDLE MADDLE MANUARD MADDLE MADDLE MADDLE MADDLE MADDLE MADDLE MANUARD MANUAR	0187
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MALE BLACK APRIL 10, 1919 60 years yrs. 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH CHEVERLY PRINCE GEORGE'S 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION. (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL 136. STREET ADDRESS Maryland P. Geo. Cedan Hts. 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 10004 Cypress Tree 14 FATHER'S NAME FIRST Benjamin Harrison Newman 15. MOTHER'S MAIDEN NAME FIRST MODLE MARY Minerva Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown 17. INFORMANT Landov Lando	DER 1 YEAR FUNDER 24 HRS S DAYS HOURS MIN.
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1 TITOURS A BENSIAGED MO GBI (LAW Blod & Silson	140 2080S
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	TY STATE
Burial Apr 24. 1979 Resurrection Cometery Clinton Manyland 24 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAN 256. REGISTRAN 2	

DHMH-16 20M (VRA 15, 4) 7/78

ROLLINS FUNERAL HOME, INC. NAME

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURA

7.	IIt	em 1 g531	5/2/79 gj	STA DEPARTMENT OF		ARYLAND	YGIENE		
0 -	1-	STATE REGISTRAR	N	AEDICAL EXAMIN			F DEATH	9-10188	
N		CEASED NAME	Constantin	MIDDLE NIX	FIF	OROFF	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 24-10 1979	2b. HOU
RY, PIEASE DIRECTOR FILES FITE T	3. SE		5. DATE OF BIR MONTH D.	TH 6. AGE (IN YE LAST BIRTHD			24 HRS. 2c. DATE PRONOUNCED PRONOUNCED	MONTH DAY YEAR	1 1 HOU
ECESSAL UNERAL FE		IRTHPLACE (STATE OR DREIGN COUNTRY) RUSSIA	76. CITIZEN OF	WHAT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRI	ED Proper	OF COUNTY OF DEATH	AAI
PELAY IS NE TO THE FU PAGE 5 BE FILED, V 35, 301 W	10. C	Cheverly	11. NAME OF H	HOSPITAL, NURSING HOMI H FACILITY, GIVE STREET ADDRESS) ORGES HOSPI	OR OTH	er institution	120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Soil Scient	TT OR INDUST	Dept
IF ANY DEL. 2, AND 3 TO 3. RETAIN P SHOULD BE IL RECORDS,			COUNTY TO Georges	N. GIVE RESIDENCE BEFORE ADMISSI 13c CITY OR TOWN Universit		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4309 Van Bur	en street	V 6 8
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TO MEDICAL EXAMINER: 1 TO MEDICAL EXAMINER: 1 PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21;	2	death resulted from:	Natural causes I	Accident , Su Personal Company Personal Compan	Autapicide M	Hamicide TIPUE (SPECIFY)	Undetermined manner MEDICAL EXAMINER MEDICAL EXAMINER	DATE 4-10 SIGNED Tous	1-79 11/1s
04-00 5x40-48	23a.E	BURIAL, CREMATION, REM SPECIFY) Cremation	Apr 13,	1979 Ft Line	METERY O	r CREMATORY Crematory	23d. LOCATION CITY OR TOWN Brentwood P	ro Georges	STATE Md.
DHMH-17 20M 1/73 (VR A15 ME (5))	24. F	UNERAL DIRECTOR		RESS Hyattsvill		25a DATE F	PR 1 6 1979	RAP'S SIGNATURA	7

Character transfer transfer to the second of the state of the s TOTAL STORY OF THE STORY OF THE

STATE OF MARYLAND 79-10189 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR OckeRSHAUSEN 10 6 AGE (IN YEARS LAST BIRTHOW 5 DATE OF BIRTH Caucasian 1885 Female 10 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. DC Prince George WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR arroll Manor (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE INDUSTRY Carroll Hyattsville DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130 STATE
130 COUNTY
131 (CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 5500 -Cromwell Dr. Bethesda Montgomery YES TX Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST FIRST MIODLE Nora Murphy James Brosnan ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 4952-Sentinel (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) -Harry J.Ockershausen- Dr. Bethesda No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) Son. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? Mentol Hygiene NO F YES Hem 18 sho 716 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) this hospital) attended the deceased from. sow the deceased alive on 48 obove (1) we) (aid) (did not) view the body after death and that in my (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE TN: DATE SIGNED MEDICAL + ATTENDING STAFF Should be detained by with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL CREMATION, REMOVAL 23b. DATE STATE Wash., DC Mt.Olivet Cemetery Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRARYS SIGN THE 24. FUNERAL DIRECTOR .H. ADDRESS Mt. Rainier, Nalley's DHMH - 16 50M 1/76 Md. (VR A 15 (4)) Inc.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS Florence onrov 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH -emale Cauc. TO BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED coraryl and Prince Georges Co. WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Clinton Homemaker Home BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Myers Michae Marv Conrov 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LIEYES GIVE WAR OR DATEST Mary O. Robey (Same as 13e) No 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), an PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | NO [71n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on... and that in (my) (aur) apinion death accurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 73d PHYSICAN FNAME ITHEORPENS St. Barnabas Rd. Oxon Hill. Md. Youn Sanford 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE ISPECIFY) BURIAL COUNTY STATE St. Mary's Cem Rockville 24 FUNERAL DIRECTOR Robert Pumphrey Funeral DHMH - 16 60M 1/75 Homes, P.A., Rockville, Maryland (VR A 15 (4))

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Huntt Funeral Home Waldorf, Maryland

' STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-10192

11:47P.M

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

Md

22c. DATE SIGNED 4-9-79

IF UNDER 24 HKS

REG. NO

BAITIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 1/75

(VRA 15 (4))

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 3. SEX AGE (IN YEARS LAST BIRTHDAY MONTH 80 To BIRTHPLAU ... STE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, D. PRINCE GEORGES 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LELAND MEMORIAL HOSPITAL RIVERDALE STENOGRAPHER SOUTHERN RR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PRI. GEO 13e STREET ADDRESS UNIV. PARK MARYLAND 4319 VAN BUREN STREET YES XX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE McGINLEY THOMAS CONNOR SARAH 17 INFORMANT COUSTN 3039 MILITARY RD., N 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. **ADDRESS** (YES NO OR UNKNOWN) [[IF YES, GIVE WAR OR DATES] 718-10-6252 LORRAINE M. SMITH TWASHINGTON. DC 18 CAUSE OF DEATH Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting the

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M

2)e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

ATTENDING

PHYSICIAN

CITY OR TOWN

MEDICAL

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

[91], and that in (my) (2011) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

BURTAI

MEDICAL

underlying couse lost

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

WHILE

FOR

236 DATE 4/30/79

231. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL

ARLINGTON

DIRECTOR [PHYSICIAN [

VIRGINIA STATE

24. FUNERAL DIRECTOR FRANCIS J. COLLINSDRESS 500 UNIV BLVD. W. SILVER SPRING MD. 20901

DHMH - 16 50M 1/76 (VR A 15 (4))

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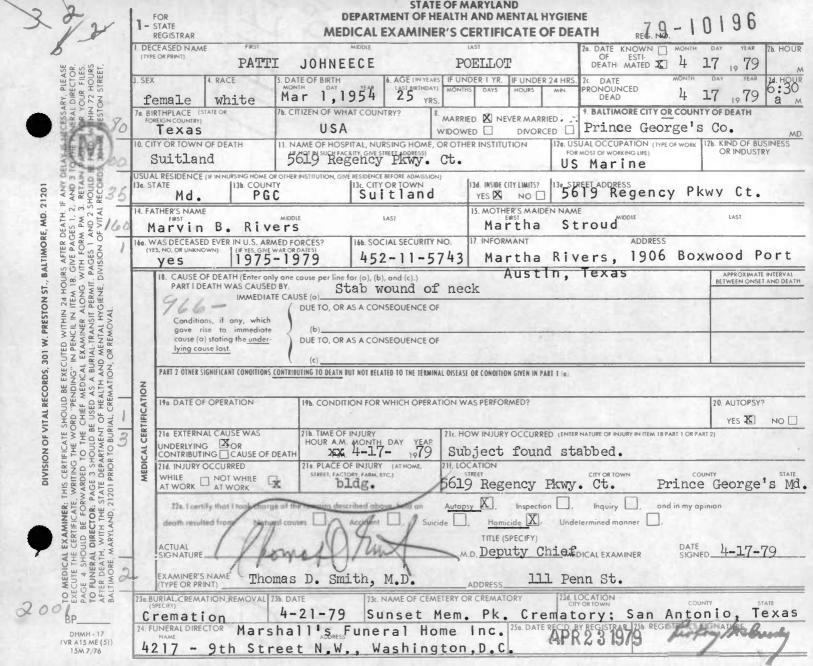
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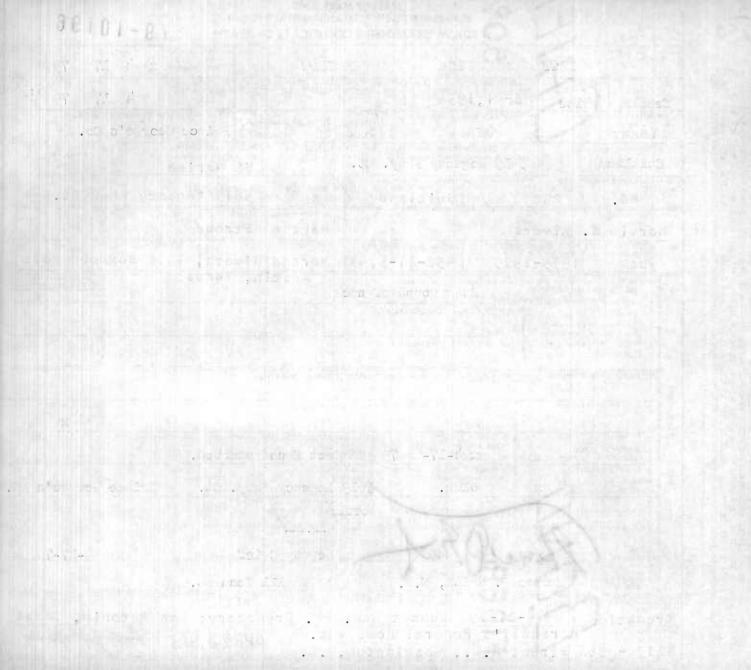
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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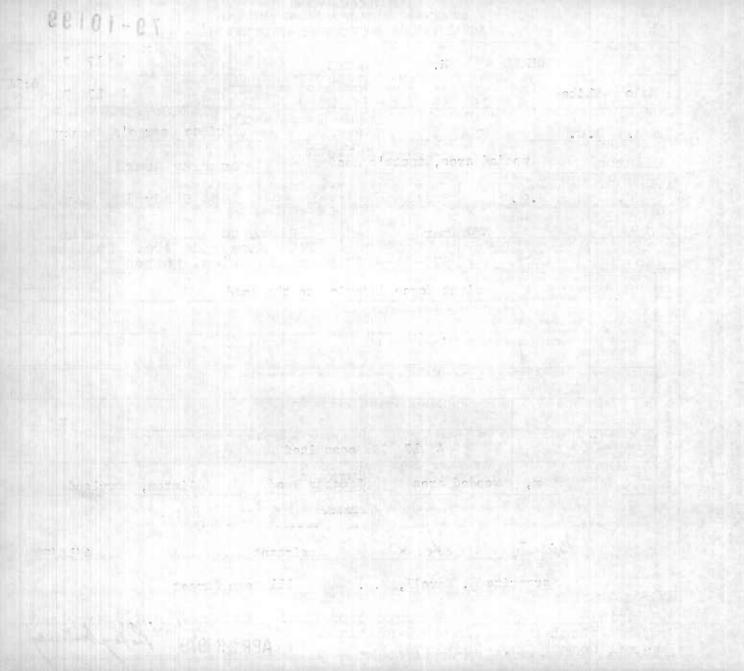




STATE OF MARYLAND 79-10197 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) PROCTOR 04 10 79 0:57A.M JAMES ELLSWORTH 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR 3 TAR 09DAY Male Black MP10H 47 In BIRTHPLACE STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER ARRIED U.S.A. Prince Georges County Washington, D.C. WIDOWED T A DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYRE WERE A OST OF WORKING LIFE) SOUTHERN MARYLAND HOSPITAL CENTER 文学ななべ Clinton MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr. Geo 13d INSIDE CITY LIMITS? RETREE ABOX 412 Hrandowine arvland 4 FATHER'S NAME 15 MOJHER'S MAIDEN NAME MIDDLE Proctor Howard Louise Newman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for 101, (b), and PART I. DEATH WAS CAUSED BY: 76 CARDIOL IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse to, stating DUE TO, OR AS A CONSEQUENCE OF ANTERIOSS lenoTes IdeanT underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from _ sow the deceased alive on, , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYSICIAN DIRECTOR 22e ADDRESS 224 PHYSICIAN'S NAME (SYPE OR PRINT) 230 BURIAL 23c, NAME OF CEMETERY OR CREMATORY BP DHMH - 16 60M 1/75 (VRA 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAA 20. DATE KNOWN 2h HOUR TYPE OR PRISE OF ESTI-DEATH MATED ANNE 4 RACE S. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BAKIMORE CITY OF COUNTY OF DEATH In BIRTHPLACE (STATE OR 7b. CITIZEN HAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) ALABAMA U.S.A WIDOWED F DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY P.G GENERAL CHEVERLY HOUSEWIFE HOME USUAL RESIDENCE (IF IN NURSING/HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) dino WASH D.C 13d. INSIDE CITY LIMITS? MIL COUNTY WASH D.C 13e STREET ADDRESS NO X 3216 MINNESOTA AVE WASH D.C 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MARY JOCOB SLOVENSKY Perunko FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) JOHN RACHEL 1813 BIRCH Rd McLEAN Va 18 CAUSE OF DEATH (Enter only one cause one tor(a), (b), and (c).) less he cardes da scular de PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DIVISION OF VITAL RECORDS, 301 W. DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AT CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL YES NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CENTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME, TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPEC BURIAL 5-1-79 ARLINGTON NAT CEMETERY GEONAP KALAS F. #160 OXON HILL Rd OXON HILL Md DHMH-17 20M 1/73 (VR A15 ME (5))

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS DATE OF BIRTH IF LINDER 1 YR IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF RALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED 11911114 WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Morningside Skyline Drive Self Employed JSUAL RESIDENCE (IF IN 13d. INSIDE CITY LIMITS? 13e STREET ADDRES YES X VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OF VIT Richard Randall Eva Able 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRES (son) DIVISION 4414 Morgan Rd and war Randall Morningside JSE OF DEATH (Enter only one cause por line fag (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO BE E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CLASSIFICATION OF FORM TO EVER A SHOULD BE FORM TO EVER A PATER DEATH, WITH THE STATEMORE, MARYLAND, 21 BALTMORE, MARYLAND, 21 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) DATE Deputy MEDICAL EXAMINER SIGNED 12800 Willow Wind Circle, Oxon Hill, Md. 2002 EXAMINER'S NAME AUgusto P Rodriguez.M TYPE OR PRINT **ADDRESS** 23d. LOCATION 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 27Apr 1979 Md. Veterans Cemetery Cheltenham Burial PG Md E. Wilhelm DHMH - 17 (VR A15 ME (5)) Funeral Home Inc Suitland, Md 15M 7/77

STATE OF MARYLAND

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has been signed by the permit. Then please rei ene prior to burial, crem we any injury, ar ather		CERTIFICATION	cause 101, stofing the underlying couse loss part 2 OTHER SIGNIFICAL LOS LOS LOS LOS LOS LOS LOS LOS LOS LO	ant conditions co	ONTRIBUTING TO	DEATH BUT	Evisca	erations	20a AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
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of He			saw the deceased all above, (1) (we) (did) (a	ve an A Mi	ofter death.	79.0	nd that in (my)	our apinion	deoth occurred an the	date and haur	and fram the	couses stated
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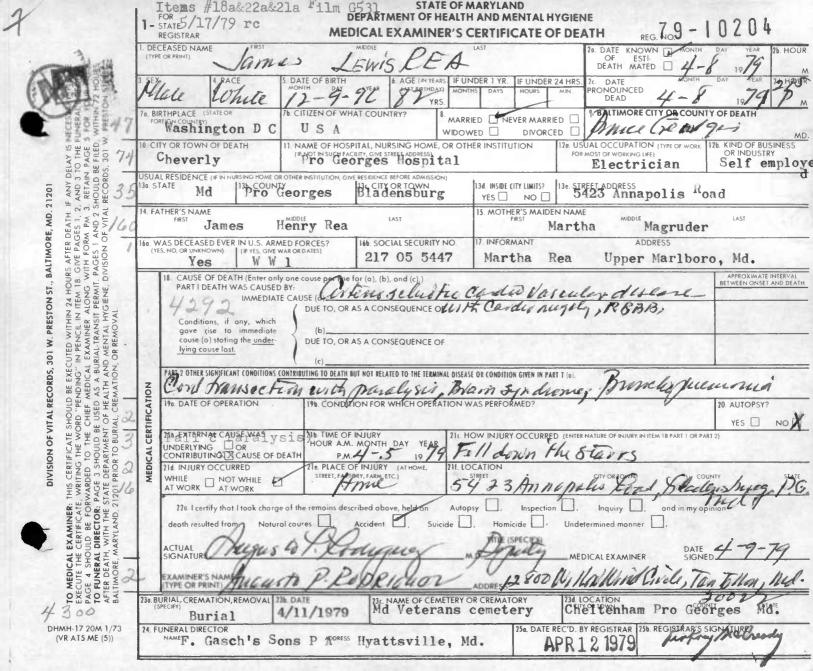
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STATE OF MARYLAND 79-10205 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 25 HOUR TYPE OR PRINT Redman SEX 4 RACE 5/14/1914 AGE IN YEARS LAST BIRTHDAY 5 DATE OF BIRTH 64 emale Caucasian TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D. DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST DEWORKING LIFE)
Housewife Own Home INTO BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Kathryn L. Mulligan Charles C. Hargett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Mary E. Hall, Clinton, Maryla APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic 5 CO AMOUS PART I. DEATH WAS CAUSED BY 18 mTHS IMMEDIATE CAUSE (O) CARCINOMA OF PHARYNX 201 W. PRESTON ST., WITH METAS DUE TO OR AS A CONSEQUENCE OF (b) 1 17 1= Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF oth underlying couse a PART 2 OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LUNG DISEASE, DIABETES DIVISION OF VITAL RECORDS. LAENNEC'S CIRRHOSIS, CHRONIC OBSTRUCTIVE CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIL NO F Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH riol-tr MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION b 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a. I certify that (1) (this hospital) attended the deceased from sow the deceosed olive on The africal obove. (1) (we) (did) (did not view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE M > 22c. DATE SIGNED + ATTENDING MEDICAL STAFF PHYSICIAN M DIRECTOR PHYSICIAN FUNERAL should be det with the State IMPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINTI) PAMELA CUHA REGULAR PHYSICIAN = VICTOR 22e ADDRESS 3712 GUMA. MARLOW CHUPKOVICH (KNOWN TO HIM VRS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Prince George Maryland Cedar Hill 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Texton Malready (VR A 15 (4)) Home Clinton. Funeral Maryland

were a retrained to the control of t male fundering 5/1/1914 M La el la coma de la co THE RESERVE OF THE PARTY OF THE the rice f. Surgett The protection of the second second second Land to the state of the state Many and Lance Lan

Items #18a-22a FilmG531 5/11/79 STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2b. HOUR 20. DATE KNOWN MONTH LTYPE OR PRINTS 1079 19 DEATH MATED Francis A. . SEX 4 RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 24 HRS 6:47 DATE 78 PRONOUNCED Sept. 4, 1900 1979 DEAD Male White 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Prince George's County, WIDOWED TO DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION ITYPE OF WORK OR INDUSTRY Mechanic Prince George's General Hospital U.S.G. 3. RETAIN PA SHOULD BE F Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 139 G. Southwest Prince George screenbelt 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME PAND 2 Adam Rhoades Mary Murphy 17. INFORMANT 22 Empire Place ALONG WILL
ALONG WILL
TPERMIT. PAGES 1. 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 220 42 1911 Margaret Sparks Greenbelt, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (ы) Hanging gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? USEI OF H WARDED TO THE CHIEL AGE 3 SHOULD BE USE TATE DEPARTMENT OF 1 201 PRIOR TO BURIAL, C YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR Subject hanged self CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.1 Pr. Geo. Co. Md. 9-G Southway Rd. Home Greenbelt AT WORK Autopsy X Inspection Inquiry and in my apinion 22e. I certify that I taak charge of the remains described above, held an MARYLAND Undetermined manner DIRECT TITLE (SPECIFY) 4/21/79 DATE EXECUTE THE CY EXECUTE THE CY PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Assistant SIGNED 111 Penn Street Baltimore, Md. EXAMINER'S NAME Virginia L. Dolan, M.D. TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/23/79 Ft. Lincoln Cemetery Brentwood P.G. Md. Burial Francis Gasch's Sons Funeral Home, P.A. **DHMH-17** (VR A15 ME (5)) 15M 7/76 Hyattsville, Maryland

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injury, or other troumotic event, the medical examiner must be notified of once.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10207

		REGISTRAR			CERTIF	ICATE OF DE	ATH	REG, N	0.	100	
	1. DEC	CEASED NAME FIRST	/	MIDDLE	- (AST			MONTH D	AY YEAR	26. HOUR
Н	(TIPE	Cousi	a		R	ich			4/18	2/1979	845 M
	3. SE)		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
H		temale	Blac	K	12	09	1896	83	YRS.	ONTHS DAYS	HOURS MIN.
14		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED [9. BALTIMORE CITY C	R COUNTY	OF DEATH	
5		Virginia	45	A	WIDOWE	DIVO	RCED 🗍	Prince	Geo	racis	MD.
0	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING THEACILITY, GIVE STREET A NEU NOS		Rehah		120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE	INDUSTRY	of Business OR
19	USU / 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INCUTUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY	LIMITS?	13e STREET ADDRESS			
/		D.C. 10	C	Washing	ton	120	10 🗆		ST A	1. E.	21/10
9	14 FA	Tohn H 1	MIDDLE //	LAST		15. MOTHER'S M		13hton		LAS	ī
3		11	E WAR OR DATES)	579-52	-5704	6 conge K		-46 Olllah		Ive IV	E Son
	077	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		line for (a), (b), and	(C.17)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
			D BY: TE CAUSE (0)	Benal	79.	lure			PAR	-	
		4129		R AS A CONSEQUE	NCE OF.		SHA				
		Conditions, if ony, which	(b)_/	^		rosis	5	all recognitions of the	BASEL		
		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF				. 1		
		underlying couse lost	((c)_/	Hypert	ens.	ion + H.	yper	tensive	Hear:	3 dasa	2950
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	31
7	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	AFD.	20a. AUTOPSY?	20h. IF YES.	WERE FINDIN	VGS LISED
1	IFIC		110					YES NOT	IN CERTIFY	ING CAUSES	OF DEATH?
^	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU		RT † OR PART 2)	NO []
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE	M, OF IN JURY	19	21f LOCATION				- 3//	
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR YOU	VN	COUNTY	STATE
		22a.1 certify that (1) this hospi	tal attended th	deseased from_	4	116	10 79	10 4/1	8	. 79	that (I) (we) ost
		sow the deceased alive on above. (Deceased alive on above.)			79	nd that in man o	ur) opinion de	eoth occurred on the d	ote and hour		
	91	226 SIGNATURE	t) view the body	ofter deoth.	-	DEGREE				22c DATE	SIGNED
		William	Hut	Turas	1	ATT	ENDING PO	DIRECTOR PHYSIC	FF IAN I	4-18	7-79
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	()-0001		22e ADDRESS	TSICIAN E	DIRECTOR FITTSK			
1		WILLIAM	FUNS	37	3617	7420	MA	rusons 1	PIKE		
	23008	URIAD CREMATION, REMOVAL	23b. DATE 4/-2/		AME OF S	EMETERY OR CRI	EMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24. FL	JNERAL DIRECTOR	Sons 4	925 ADDRESS			250. PATE	REC'D. BY REGISTRAR	- /	/	148E
	110	NAME Shoulder		ADDRESS	Buch	0006 14	HP	KZ419/9	peop	my/100	Madly

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10208

11.	REGISTRAR				CEKTIFI	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME	FIRST	M	IDOLE	U	AST	20. DATE OF DEATH	MONTH OA	YEAR	2b. HOUR
(1172	- OKPRINI)	MANCELI	L R		RII	DGELY	APRIL 12.	1979		11:10
3. SE	EX	4.	RACE		S. DATE O		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HR
	Male	100 M	White	•	Dec	18,1907 YEAR	71	YRS	UNINS	NOOKS MIN
7a. B	BIRTHPLACE STATE OF	FOREIGN 7b.	CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
5 °	Maryland		US	A	WIDOWE		Prince 0	eorge'	s	A
	CITY OR TOWN OF D		, NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPAT			OF BUSINESS O
La	anham	/ T		HOSD		Geo. Co.	Gardner	OF WORKING LIFE)		Emp.
/ 13a	STATE	IRSING HOME OR OTH	HER INSTITUTION,	SIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Oth Arre	nae	
	laryland	Pr.	Georg	Carrott	COIL	YES NO 1		JUII AVO	AIGG.	
4 14 17	FATHER'S NAME	ames	DLE	Ridgley		FIRST Lill	MICOLE	Jo	hnson	AST
16a. \	WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDF		1399	
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)			Brady Ridgle	ey (Bro) sai	ne as b	13 lk	е
	Conditions, if and gove rise to it couse (a), sta	mmediate	(b) N	AS A CONSEQUE	T DIO	SAME + CKR	gonyoga	THY	75	Les
ICATION	gove rise to i couse (a), sta underlying cou	mmediate tring the use last. GNIFICANT CO	DUE TO, OR	AS A CONSEQUE	NCE OF		AINAL DISEASE OR COI	20b. IF YES, IN CERTIFY	WERE FIND	INGS USED S OF DEATH?
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CAL CERTIFICATION	gove rise to i couse (a), sta underlying cau	mmediate ting the see lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH	DUE TO, OR (c) NOTIONS CO	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO I TION FOR WHICH INJURY A. MONTH DA	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	INGS USED S OF DEATH?
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	gove rise to i couse (o), sto underlying could underlying could underlying could underlying could underlying could underlying could underlying Late (if Either, Notify Late Could underlying c	mmediote ting the see lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH OICAL EXAMINER) JRRED (I) (this hospital cosed alive on () (did) (did not)	DUE TO, OR (c) INDITIONS CO 19b CONDITIONS 21b. TIME OI HOUR A.M P.M 21e. PLACE (AT HOME, STRI	AS A CONSEQUE NTRIBUTING TO I TION FOR WHICH FINJURY A. MONTH D. A. OF INJURY Cet., FACTORY, OFFICE, F	OPERATION AY YEAR ARM, ETC.) MATC	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET 217. LOCATION STREET ATTENDING PHYSICIAN 226. ADDRESS	ZOO AUTOPSY? YES NO STREED (ENTER NATURE OF IN) CITY OR TO MEDICAL ST. DIRECTOR PHYS	20b. IF YES, IN CERTIFY YES URY IN ITEM 18, PAI DOWN 12 1 date and hour	WERE FIND VING CAUSE COUNTY 9 79 ond from th	INGS USED S OF DEATH? NO STATE: , that (I) (we) I e couses stated
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DHMH - 16 50M 7/77 (VR A 15 (4))

Hyattsville, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

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STATE OF MARYLAND

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STATE OF MARYLAND 79-10210 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME MIDDLE 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) JOSEPH TAMES ROBERTSON, JR. APRIL 1,1979 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER TYEAR MONTH YEAR HOURS Male Caucasian 1922 Nov TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY U.S.A. Washington. WIDOWED DIVORCED [Prince Georges M CITY OR TOWN OF DEATH 12n USUAL OCCUPATION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Southern Md. Hospital Center Clinton Book Binder GP PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Charles Waldorf 200 Bell Tree Lane 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph James Robertson Ceceila Sannino Anna AN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elizabeth Robertson 10 5684 Same as # 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY NTRILULAR IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF MYOCARDIA Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? De NOV YES [NO F entol Hygu 71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION o pa 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this inspiral attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death be detoched f e Stote Dept. o DEGREE 22c. DATESIGNED M DATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D * FUNERAL MPORTANT: 224 PRYSICIAN'S NAME TWO OF WORLD 22e ADDRESS d b Philip Wisotsky, M.D. 6188 Ovon Hill Rd. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Fort Lincoln Cemetery Brentwood 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home DHMH - 16 60M 1/75 9013 Annapolis Rd. Lanham, Md. 20801 9 Julia (VR A 15 (4))

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ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician

TO HOSPITAL

STATE OF MARYLAND

- 22	1 - STATE				VI OF HEALTH A		GIENE	79	0 100	
	REGISTRAR				ERTIFICATE C	F DEATH		REG. NO.	9-102	
	1. DECEASED NAM	E FIRST	MIDOLE	0	LAST		2a DATE OF	DEATH MONTH	OAY YEAR	2b. HOUR
	(TYPE OR PRINT)	Baby	(DID)	Roh	inson		HORI	1 29.19	79	1132
	3. SEX	201.01	4 RACE	15	DATE OF BIRTH		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
	Fem	0/0	Polar !	V	ADRIL 20		Line -	3-7-1	MONTHS DAYS	HOURS
100		- News	7h CITIZEN OF WHA	T COUNTRY? B	1		c 9 BALTIMOR	E CITY OR COUN		
11	COUNTRY)	CALA	1151	7	MARRIED NEV		Do	noo G	To soo	5
5	10 CITY OR TOWN	OF DEATH	11. NAME OF HOSP		HOME OF OTHER	DIVORCED [120. USUAL O	CCUPATION	12b. KHND O	E BUSINES
15	01'-1	OT DEATH		ILITY, GIVE STREET AGE		and are		OR MOST OF WORKING	LIFE) INDUSTRY	7 BUSINES.
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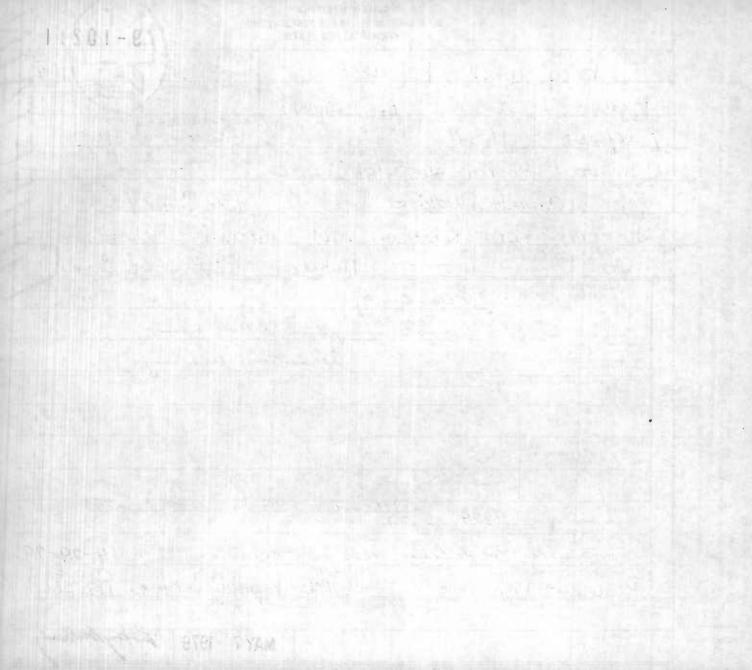
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NAME

ADDRESS

MAY 7 1979



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

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STATE OF MARYLAND 79-10214 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH 76 HOUR (TYPE OR PRINT) JOHN ROWLAND 04 03 79 :08P.M. THOMAS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER : YEAR IF UNDER 24 HRS MONTH YEAR 21 57 28 Caucasian Male To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. USA WIDOWED DIVORCED [Prince Georges County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Retired (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOUTHERN MARYLAND HOSPITAL CENTER Clinton Teacher BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 6406 Horseshoe Road 13d. INSIDE CITY LIMITS? Prince Georges Clinton Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Thomas Rowland Mary Murphy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WWIT 191-18-1833 Mary Clare Rowland same as item 13 APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NOW sho 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 1990 sow the deceosed olive on Ann and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DE DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a. ADDRESS should by 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY (SPECIFY) /5/79 St. John's Cemetery Burial 0 2 BP. Forest Glen Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S DHMH - 16 60M 1/75 (VRA 15 (4)) G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

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10.0	Chever]	OF DEATH	Prince Ge	PITAL, NURSING HO CILITY, GIVE STREET ADDRESS COrge's Ge	ne ral		12a. USUA FOR MO	AL OCCUPATION OST OF WORKING LIFE) PLUMBER	(TYPE OF WORK	OR INDUS	USINESS TRY
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DHMH-17

(VR A15 ME (5))

15M 7/76

230 BURIAL, CREMATION, REMOVAL 236. DATE

MONTGOMERY BROS. FNL. HOME

Burial

24 FUNERAL DIRECTOR

4-25-79

REGISTRAR DECEASED NAME

Richard

DATE OF BIRTH

STATE OF MARYLAND

Savoy

IF UNDER 24 HRS

6. AGE (IN YEARS | IF UNDER 1 YR.

Wash, D. C.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN KI MONTH ESTI-DEATH MATED 20 19 79 11:30 2c. DATE PRONOUNCED DEAD 19 79 PM 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's County, 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Construction Hurd ADDRESS 2235 Ridge St, S. E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO Driver of auto lost control and was ejected District Heights, Prince George's, M and in my apinian DATE 4/21/79 111 Penn Street 23d. LOCATION Zion Bapt, Ch. Hilltop, Md. Charles County, Md. #19 Kennedy St, N. W. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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220-31-2165 Hopka Sovot 2015 3dv6 St, S. I.

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STATE OF MARYLAND 9-10219 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME · \$1861 -1 1 1 MIDDLE 1 1 LAST, 1 " " 20. DATE OF DEATH 25 HOUR (TYPE OR PRINT) MATILDA H. SCHMIDT 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF, UNDER 1 YEAR 30 1895 Female Caucasian Mav BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S U.S.A. Wisconsin WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR GOVT. Ret Clerk -PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 113, CITY OR TOWN 136 COUNTY 13e STREET ADDRESS Pr.Geo. Brentwood 3605 - Upshur St. Md. YES X 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Gerrt Mever Ernestine August ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 215-44-8268 Dorothy S. Finley- above address No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and PART I. DEATH WAS CAUSED BY. (Dtr.) IMMEDIATE CAUSE 10 while Carcinom of the co Canditions, if any, which gave rise to immediate cause 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 4-24-220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady ofter death DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RORT MEADE RD LAVREL HALLUR DEMHAM 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236, DATE 23d. LOCATION (SPECIFY) Ft. Lincoln Cem. Brentwood Pr. Geo. Md. Burial BY REGISTRAR 251 GISTRAR'S SGNATURE 14 FUNERAL DIRECTOR NAME Nalley's F DHMH - 16 60M 1/75 ADDRESS Mt. Rainier, (VRA 15(4)) Inc.

I DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH (TYPE OF PRINT) Wilhelmine Schmidt April 1, 1979 3 SEX 4 RACE 5 DATE OF BIRTH AGE CIN YEARS LAST BIRTHDAY! MONTH DAY YEAR Female Caucasian Sept. 24,1906 To BIRTHPLACE (STATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Prince George's WIDOWED DIVORCED [Germany IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doctors Hosp. of (TYPE OF WORK FOR MOST OF WORKING LIFE) Hosp. of Pr. Geo. Co. Lanham Housewife USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 6800 Md. Pr. Geo. Seabrook 96th Avenue YES X NO I 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME CIRST MIDDLE LAST MIDDLE Andreas Steffens Dorothy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as # 56 8732 Richard F. Schmidt n/a no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? DIVISION OF VITAL NOI 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 90 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 214 INJURY OCCURRED 21# PLACE OF INJURY Ď STREET CITY OF TOWN (AT NOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the decrosed alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN S NAME TYPE OR PRINTI 22e ADDRESS should be 9131 Piscataway Rd., Clinton, Md. 20735 IRADI SADEGHIAN, M.D. 0 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) CITY OR TOWN 3 APR Cedar Hill Cemetery Suitaand, P.G., Md. Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

DAYS

IF UNDER I YEAR

8:30a M IF UNDER 24 HRS

NOUR5

126 KIND OF BUSINESS OR INDUSTRY

Home

LAST

Burkhardt

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

STATE

NO [

22c. DATE SIGNED

4/2/79

STATE

24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 9013 Annapolis Rd. Lanham, Md. 20801 in Dilling

DHMH-16 20M (VRA 15, 4) 7/78 FOR

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STATE OF MARYLAND 79-10222 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) alherine 05 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER VEAR IF LINITED 24 MDS 1 C HOUR5 74 45 Caucasian 63 Female 7n. BIRTHPLACE STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Carolina Prince Georges n. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR BOUTHERN MARYLAND HOSPITAL CENTER None Clinton Housewife BALTIMORE, MARYLAND 21201 136 COUNTY Prince Georges Oxon Hill 1304 Levertt Street 13d INSIDE CITY LIMITS? laryland YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST .W. Blackwelder Josephine Myers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) None 242-079789 George C. Sena (Husband) Same as#13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line f 101, (b), and ic PART I. DEATH WAS CAUSED BY 201 W. PRESTON ST., IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, COPD, CHE CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a. | certify that (1) (this hospital) attended the deceased from 79 sow the deceased give on obove, (I) (we) (did (did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE STAFF ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) T.S. Gruc should be IMPORT, 401 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Washington D.C. Crematory Cremation REGISTRAR 256, REGISTRAR'S SIGNATURE 4_FUNERALDIRECTOR DHMH - 16 60M 1/75 LegateFuneral Home Inc. ADDRESS Rd. Clinton, (VRA 15 (4))

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STATE OF MARYLAND FOR 9-10224 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) SIMPLATE SINCLAIR April 22 8.35 3 SEX 4 RACE S DATE OF BIRTH IF UNDER I YEAR MONTH VEAR DAYS HOURS March 6. 1913 Female. white 66 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED SCOTLAND DIVORCED TX PRINCE GEORGE'S WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDU Executive Secretary DRIS HOSPITAL OF PRINCE GEORGE **INDUSTRY** LANHAM ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 6700 Belcrest Road Maryland Prince Geo. Hvattsville 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Jessie MIDDLE John John Livingstone McEwan 166. SOCIAL SECURITY NO 17 INFORMANT 1424 Vicksburg Dr. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John R. Livingstone Belleville, Ill. NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Quandary DIVISION OF VITAL RECORDS, 201 W. PREST Conditions, if ony, which gave rise to immediate other couse (a), stating the DUE TO, OR AS A SONSEQUENCE OF underlying cause lost. 0 à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a Pri CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? arcinomo NOTO YES [NO F 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from, 22. _, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22h, SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL uld be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS SINGH 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE Brentwood, Md. STATE Cremation 4/24/79 Ft. Lincoln Crematory 14 Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 1/76 (VR A 15 (4)) Hyattsville, Maryland

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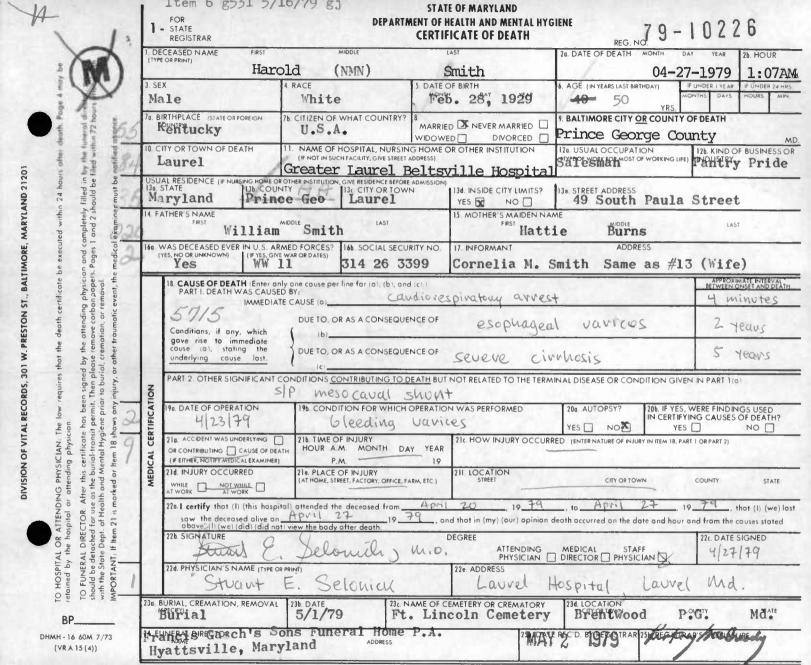
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Clarke Mattingley

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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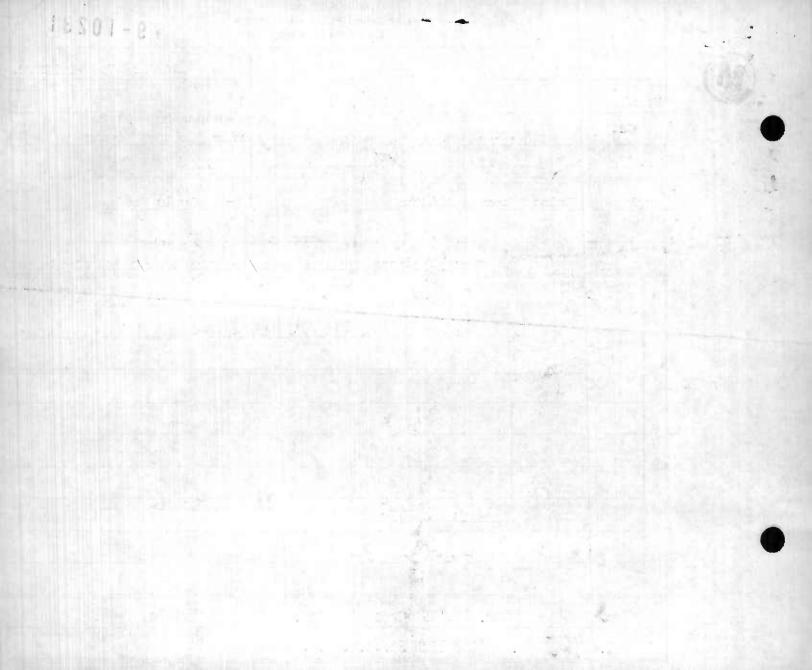
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mo r, po	3. SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
7 20	Male	Black	March 26, 1904	74 YRS.	
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五	Ohio	0. S. A.	WIDOWED DIVORCED	Prince Georg	8
1 10 1/	Hyattsville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Manor Car	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) B Hyattsville	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS INDUSTRY Dental
ote be executed within 2 hours sicion and completely lifter pers. Pages 1 and 2 should the ty, the medical examin	USUAL RESIDENCE (IF NURSING HOME 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE JINTY 134. CITY OR	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
5 26 1/	4. FATHER'S NAME	wasn.	D.C. YES NO D	3800 13th St.,	N. E.
Plete nd 2	FIRST	MIDDLE		MIDDLE	LAST
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n and or Pages	60. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS	
9 00 E	No	577-5	4-2718 (Mrs.) Ruth	B. Spencer, Wife	SAA APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
signed by the atendin hen please remove carb jury, or other traumatic		DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING		MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(o)
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HOSPITAL OR A med by the hos FUNERAL DIRECTOR OF THE STORE DESCRIPTION OF TANK, If hem	22b. SIGNATURE	C. Jedan	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/14/79
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5 5 5 8 8	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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79-10231 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT 79 04 10 6:12A.M. LEONA NMT STAPLES 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HR 12 MONTH HOURS OO Female 11 Black 78 To BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED courga. U.S.A. Prince Georges County WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton SOUTHERN MARYLAND HOSPITAL CENTER Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS iarvland Prince Georges Clinton 12908 Glynis Raod YES [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Bladenburg Gable Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Dianne Green/granddaughter/12908 Glynis Rd. Unk 411-36-1558 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Clinton, Md. 8 CAUSE OF DEATH (Enter only one cause per line for to , (b), and ic PART I. DEATH WAS CAUSED BY Is accordent 5 days reprousses IMMEDIATE CAUSE (a MONE A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d IN ILLRY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) ottended the deceased fram saw the deceased alive an and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATE DEGREF 77r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICTAN'S NAME (TYPE OR PRINT) should by with the IMPORTA 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial Apr. 12, '79 Knoxville, Jenn. Crestview Cem. BP. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251. PROJECTION SELECTIONS DHMH - 16 60M 1/75 3030 12th St., N.E., D.C. RHINES CO. (VRA 15(4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE PRONOUNCED To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS SHOULD BE FILED. RECORDS, 301 V 12a USUAL OCCUPATION (TYPE OF WORK IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cheverly Prince George General Hospital Metal Lather Construction USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George's Hyattsville 13d. INSIDE CITY LIMITS? 130 7004 Fairwood Road YES PO NO [OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elwin Stebbing Sr. Cunnigunda Mayer 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO OR UNKNOWN) 216 16 0275 Goldie M. Stebbing Same as #13 (Wife) CAUSE OF DEATH (Enter only one cause poline far, (a), (b), and (c).) anterioselestic corded Uscalor PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO D 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 236 PLACE OF INJURY (ATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinian Natural caures death resulted fram: Accident Hamicide ___ Undetermined manner Suicide EXAMINER'S NAM TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢. NAME OF CEMETERY OR CREMATORY Burial 4/28/79 Ft. Lincoln Cemetery Brentwood. P.G. Md. DHMH-17 20M 1/73 24 FUNERAL DIRECTOR PARAL PROPERTY PARAL PROPERTY P.A. BY REGISTRAR 256. RESISTRAR'S SIGNATURE (VR A15 ME (5)) Hyattsville, Maryland

attended to a Adda fer feel at leaster would entit the tylescole tion founds from a selffeet of tempor sents bontoned nitrated interest in the post-filtrate The state of the season of the Mee'71 threaten marters interests and TASSM erect fractive end a passal bloomer

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1.	1						ARYLAND			
3	2		FOR STATE		DEPARTMENT OF				70 1	0222
-			REGISTRAR	ME	DICAL EXAMIN	ER'S C	ERTIFICAT	E OF DEATH	REG. TO.	0 2 3 3
	S.S.S.E.	I. DE	CEASED NAME Masi	the)	MIDDLE 37	ED	NEV	20. DATE OF DEATH	KNOWN FUNDAL	10 19 75 A
	PLEASE FCTOR FILES HOURS	3 SEX	RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD.	AY) MONTH		NDER 24 HRS. 2c. DAT	JNCED .C	H DAY YEAR 2d HOUR
		70 BI	MILLE PLACE	7b. CITIZEN OF W		RS.		1 AALTI	MORE CITY OR COU	INTY OF DEATH
	(M)	13	ary fared	USA		WIDOW		VORCED	nes (ge	arges MD
	ELVY BE FILLY S. S. 301	CH	APEL HILL	Princ	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) OF GEORGES G	enera	l Hospi	tal FOR MOST OF WO	UPATION (TYPE OF WORD ORKING LIFE)	OR INDUSTRY None
21201	ANY DE RETAIN TOUID 8 TOUID 8 SECORDS		RESIDENCE (# IN NURSING HOM Cyland 13h PC	ince Geo.	13c. CITY OR TOWN		13d. INSIDE CITY LIM	13e STREET ADDR	RESS Old Fort Ro	oad
	H. IF 7 3. 2 SF	14. F/	THER'S NAME	WIDDLE	LAST		15. MOTHER'S A		MIDDLE	LAST
E, MD.	RW PW PW OF VITE			lliam T. C				abelle Har	rison	LASI
BALTIMOR	PAGE FORM SS 1 AN		VAS DECEASED EVER IN U.S. A	RMED FORCES?	577-30-	YNO.		Willette W		
ALTI	URS AFTER S. GIVE PA WITH FOI PAGES I		No		6/1-30-	1167	12501	Old Fort Ro	ad, Chapel	Hill
ST.,	NO NO IN		PART I DEATH WAS CAUS	anly ane cause per line ED BY: ATE CAUSE (a)	for (a), (b), and (c).)	ro Fi	e Car	der Vas es	ular des	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	L G P A L Z	11	4272	DUE TO, OR	AS A CONSEQUENCE	OF				
PRE	ENCLINAMINER AMINER AMINER PENTAL HY		Canditions, if any, which gave rise to immedia				107-0			
3	EX PAIN OR OR		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				
ORDS, 3	ULD BE EXECU "PENDING" IN EFF MEDICAL ESED AS A BURI HEALTH AND CREMATION, C	z	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	1 0	INAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a)		
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DIVISIO	R: THIS CERTIFICATE, WRITING TO SEWARDED TO SEWARDED TO SE PAGE 3 SHOULD STATE DEPART STATE DEPART TO SEWARDED TO	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC S1	ATION	CITY OR T	OWN	COUNTY STATE
	NER: THE STATE OF		22a I certify that I taak cho			Autaps		pection D, Inquir		apinian
	EXAMINER CERTIFICAT ULD BE FO DIRECTOR: WITH THE AARYLAND,		\sim	rural caures [],	Accident L. Su	icide 🔲 ,	Hamicide L		nanner L_1.	11-1-7
	CAL E THE C SHOU SHOU AATH, RE, M,		SIGNATURE SIGNATURE	n /41	myuey/	M.	of figure	MEDICAL EXA	MINER SIG	NED 79079
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFFER DEATH, BALTIMORE, MA	(Cared	EXAMINER'S NAME TO LE LE		opplana		ADDRESS / Y	too Williah	Und Civil	e Jantalla
	1304 AFIONES	23e. B	JRIAL, CREMATION, REMOVAL Burial	23b. DATE 4-14-79	23c. NAME OF CEA			23d LOCATION CITY OR TOWN	Hill. Md.	OUNITO PATATE
	IMH-17 20M 1/73 (VR A15 ME (5))	24. F	NERAL DIRECTOR				25a. D	DATE REC'D. BY REGISTR	RAR 256. REGISTRAR	SSIGNATURE
			John T. 1	dirnes Co.	,3015 12th	St.,	N.E., D.	- SAPR 3 0 19	79 perf	my / Multiporty

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYGI ICATE OF DEATH		7 9 EG. NO.	-102	34
-		CEASED NAME	FIRST	N	MOOLE	Ĺ	AST	20. DATE OF DEA	TH MONTH O	AY YEAR	26. HOUR
	,	H	elen	May	7	Ston	e	April 1	, 1979		1:35a м
1	3. SEX	(4	RACE		5 DATE C		& AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS
V		emale		whit	e	Mar	30, 1904	75	years YRS	ONTHS DAYS	HOURS MIN
	7a. BIF	RTHPLACE ISTATE OR FOR DUNTRY) Vashington	D C	U S	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED .		George's		MD.
3		ty or town of deat ham	H I	1. NAME OF F (IF NOT IN SUC OCTOTS	HACILITY, GIVE STREET A	GHOME C DDRESS) F Pri	rotherinstitution nce George's (12a USUAL OCC (TYPE OF WORK FOR O HOU!	UPATION MOST OF WORKING LIFE SEWIFE	INDUSTRY	
5	13a. S	Md	36 COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Seabroo	4	13d. INSIDE CITY LIMITS?		ress th avenue		
â	14. FA	THER'S NAME FIRST Unkno	wn "	DDLE	LAST		15. MOTHER'S MAIDEN NAM		DOLE	LASI	ī
٦	16s. W	AS DECEASED EVER IN	U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	,	ADDRESS		
		no		,	577 76	6970	William R St	tone	Seabroo		
		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	one cause per BY: CAUSE (a)	line for (a), (b), and CAKD!		IN sulfice on	9		APPROXU BETWEEN C	NATE INTERVAL INSET AND DEATH
		Conditions, if any, or gove rise to imme couse (a), stating underlying cause	diote the	(b)	A A CONSEQUE	KIO)	CLERCTIC	HEART	Mirease	3	yezr)
		DART 2 OTHER SIGNII	EICANIT CC	(6)	NITBIBLITING TO F	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR	CONDITIONICIVE	DA DA DA DA A	
	Z				INSUFF	_		un tenso		IN IN PART TO	,
2	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION				? 20b. IF YES,	ING CAUSES		
7		210, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	216. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE O	OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E 🗆	21e PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		22a 1 certify that (1) (t saw the deceased above, (1) (we) (did	alive on_	3 - 3	/ 19.	7 9 .on	d that in (my) (our) opinion d	to	the date and haur		
		226 SIGNATURE ROGA	u K	Juc	ann	4		MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DATE :	1-79
1		ROGEN	B.	INGH	AM		7701 85 th	CARR	CULTUR	ind	
	23a. B	URIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	7	COUNTY	STATE
		Burial		Appil	4, 1979	Ft L	incoln Cemeter	ry Bren	twood Pro	1:35a M FUNDER I YEAR IF UNDER 24 HRS DOTHS DAYS HOURS MIN OF DEATH COUNTY MD 12b. KIND OF BUSINESS OR INDUSTRY HOME LAST LAST WERE FINDINGS USED ING CAUSES OF DEATH? NO WERE FINDINGS USED ING CAUSES OF DEATH? TO OR PART 2) COUNTY STATE 9 79, that (1) (we) last and from the couses stated 27c. DATE SIGNED 4-1-79 OUNTY STATE GEORGE Md. AR'S SIGNATARE	
	24 FL	INERAL DIRECTOR			ADORESS		8.0	REC'D. BY REGIS		AR'S SIGNAT	
-1		F. Gasch	's So	ns P A	Hyattsyi	lle,	Md AP	K D [4/	7	and his soul	- Carried

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN AND MONTH OF ESTI-DEATH MATED 4 DECEASED NAME 2b. HOUR CAY (TYPE OR PRINT) 19 79 STROMAN JOHN :30° 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 4. RACE IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED Nov 1945 DEAD male negro In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's U.S.A. Carelina South DIVORCED USUAL OCCUPATION (TYPE OF WORK 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Store Clerk Cheverly 6200 blk. Columbia Pk. Rd. Private USUAL RESIDENCE (IF IN NUMBER OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 6400 Blk Columbia Pk Rd 13d INSIDE CITY LIMITS? 13e STATE 3c CITY OR TOWN D.C Washington YES C 14. FATHER'S NAME MIDDLE Georgia Anna Stroman David Jackson 5922 SeatoPleasant Dr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. DIVISION (YES, NO. OR UNKNOWN) Georgia Anna Tildon (Mother) Unknown None No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 196 DATE OF OPERATION BURIAL YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY Driver in auto-tractor trailer collision. 6:18xx 4-10-CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FORWARDED STREET, FACTORY, FARM, ETC.) 6200 blk. Columbia Pk. Rd. Prince George Md. WHILE AT WORK FUNERAL DIRECTOR: PAGE
ER DEATH, WITH THE STATE
IMORE, MARYLAND, 21201 P road 220. I certify that I taak charge of the remains described above, held an Inquiry and in my apinian Undetermined manner TITLE (SPECIFY) 4-10-79 MD Assistant SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 BURIAL CREMATION REMOVAL Lincoln Mem Cemetery Suitland, PGC, Maryland BP **DHMH-17** 3821-14th St. N.W. Wash.D.C. (VR A15 ME (5)) 15M 7/76

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surial 4/14/79 lincoin New Geneters Suitland, PCG, Emrelend
                   JUE1-14th St. H. N. Nach. D.C.
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FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MEN	

79-10236

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. HOUR CAN 2a. DATE OF DEATH MIDDLE MONTH 1. DECEASED NAME (TYPE OR PRINT) MABEL STROSNIDER IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3. SEX OAYS HOURS MONTH YEAR. 2 9. BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CISAFA WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE, OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SEWHE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13L COUNTY 13e STREET ADDRESS YES 🔀 NO [IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE MIDDLE PAGLAND ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (F YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) SAME AS APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: HOULS Acate Mirecardial IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Lears affine selectio 007001024 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PORAS Change upstructure pulmmary PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NOT YES | NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21¢. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) ottended the deceased from ADV? ADVIL 10 79 sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF M.D. PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 17900 old Branch ave. 22d. PHYSICIAN'S NAME (TYPE OR PRIN suite tol CLinton makyl PETER im m.D 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY D B VEGUTRAR 25 MEST TRANS

Rd. Oxon

6/60 0XON HILL

DHMH - 16 25M

(VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR

completely filled in by the 1 and 2 should be filed with

injury, ar ather traumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10237

		REGISTRAR				CEKIII	CATE OF D	EATH		REG. N	0.				
		CEASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HO	JR
ä,	11110	OATRINI)	EVA	1	MAY	SW	AP				April	10	79	7:	56 _{DM}
3	3 SEX	х		4. RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRT	HDAY)	IF UNDE		# UNDE	
		Female		Cau		Nov		1900	78		YRS.	MONTHS	DAYS	HOURS	MIN.
6	70 BII	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER M	ADDIED [9 BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		
4		Ohio		USA		WIDOWE	DA DIV	ORCED [Prin	ce Ge	orges				MD.
8		drews AFB,		LIE NOT IN SUC	HEACHITY CIVE ST	RSING HOME OF TREET ADDRESS) M			120. USUAL O			IFE) IND	KIND OUSTRY	F BUSIN	ESS OR
3	13a. S	AL RESIDENCE (IF NURS STATE rginia	1186 COUN	OTHER INSTITUTION		EFORE ADMISSION)	13d INSIDE CIT		13e. STREET /	ADDRESS Chad	wick				
7	14. FA	THER'S NAME					15 MOTHER'S		WE						
33	/	Wilbur		ncent	Perk	ins	Ann	a a	L	MIDDLE			McE	ndre	e
7		VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17. INFORMAN	T (Dau	ghter)	11099	Shad	wick	Av	0	
5	Į,	NO OR UNKNOWN)	(IF TES, GIVI	WAR OR DATES)	277-26	-4332	Nina J	. Bare		Alex					
6		18. CAUSE OF DEAT	H (Enter or	ly one couse per	line for 101, (b)				7 1 1 1			8	APPROXI	MATE INTE	RVAL
10		PART I. DEATH W		D BY: E CAUSE (0)	CARD	IAC 1	ARRIES	7			95 P 9				
		4254		DUE TO, O	R AS A CONSE	OUENCE OF									
		Conditions, if ony,		((b)_	USL	HEMIC	CAR	Dony	OPAT	4711					
		gove the to immediate course (oi, stating the DUETO, OR AS A CONSEQUENCE OF													
-		underlying couse	lost.	(c)							275				
	z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	O THE TERM	INAL DISEASI	E OR CON	DITION GI	VEN IN P	ART 1(a	11	
	ATIO	19a DATE OF OPERA	MOIL	19h COND	ITION FOR WH	ICH OPERATION	J WAS PEDEOD	MED	20a AUTO	DSY?	20b. IF YE	S WERE	FINDIN	IGS TISE	<u> </u>
2	CERTIFICATION				THOIVIOR WIT	- ICH GIERATIO	· WASTERI OR	MED	YES [NO[X	IN CERT	IFYING C			TH?
1		21a. ACCIDENT WAS UND	_	110000	M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	RED JENTER NA	TURE OF INJUR	Y IN ITEM 1B,	PART 1 OR F	PART 2)		
	EDICAL	I IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.		19	5 (3.15)								
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

ATTENDING PHYSICIAN: The attending physi

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IMPORTANT: If them 21 is marked or frem 18 shows any

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Michael Daniels, Capt. USAF, ME GURARRIC, Andrews J.B. Maryland 19354

PAPEL TURN OF THE SERVER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 2 3 8 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages Yand Month (Type or print) TAYLOR APRIL 1979 9:30 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS 13 20 MALE CAUCASION APRIL 24, 1979 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND PRINCE GEORGES COUNTY USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane INDUSTRY NA 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) the attending physician and carban in a narmit. Then please remaye carban in a narwavent, with ANDREWS AFB MD 13a. USUAL RESIDENCE (Where deceosed lived if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE CHARLES NO YES INDIANHEAD 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle First SUTTON **JACQUELINE** FAYE MICHAEL FRANK TAYLOR 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 3429th Tech Trng Stydress (If yes give war or dates of service) (Yes, no, or unknown) crematian, ar remaval, 6 DEACQUELINE F. TAYLOR (M) NOS INDIANHEAD MD mother 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ; birth PREMATURE rise ta immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 📉 NO [by the haspital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) UNDERLYING -21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor State Dept. af (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. Stote While Nat while 21e. PLACE OF INJURY City or Town County 22a. I certify that (I) (this haspital) attended the deceased from-24 APR 1979, and that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased alive on____ ge 3 shauld led with the S be retained causes stated abave, (1) (we) (did) (did nat) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE 24 APR 1979 DIRECTOR PHYS. TO HOSPITAL Page 4 may b PHYSICIAN'S GROW USAF MEDICAL CENTER AFB MD 20331 NAME (Type) THOMAS F. WOLD, Capt, USAF, MC directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) ARLINGTON NATional Cem 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25m-1/70 MARSHALL FUNERAL HOME 4217-9th St, N.

X

79-10239 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Dais 3. SEX DAYS White BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED WIDOWED CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Home (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife anolin Hardens NURSING MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CJTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST William Thirles Elvira Knighton 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 220-44-6549 Harold A. Thirles (son) Bowie, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY 6 201 IMMEDIATE CAUSE (0) DUE TO, OR AS A RONSEQUENCE OF Mueschura Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 IFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX Hygie 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN ROBERT'S MCCENEY M. D. 402 Main Street, Laurel, Maryland 402 Main Street Jaurel Maryland 20810 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 4/20/79 Trinity Episcopal Cem Upper Marlboro P. G. 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Francis Gasch's Sons, PA Hyattsville, Md. (VR A 15 (4))

STATE OF MARYLAND 79-10240 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME YEAR 76 HOUR IF UNDER 1 YEAR MONTHS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 12b. KIND OF BUSINESS OR Cappenter construction LAST APOT White Gate Road 579-05-2067 A Einar Thompson Pitts, Pa.15235 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHRONIC LUNG DISEASE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

DIRECTOR PHYSICIAN

22c. DATE SIGNED

20904

Cremation 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77

(VRA 15 (4))

Huntt Funeral Home Waldorf, Maryland

250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN . DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 29 1979 Edward Ray Walker & AGE (IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR 2c. DATE 4:25A LAST BIRTHDAY PRONOUNCED 23,1960 19 Male White Jan. DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED Prince George's County, 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Apprent. Brick Layer Cheverly Prince George's General Hospital Construct. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 209 Seneca Drive Forest Heights YES X NO [Maryland Prince George's VITAL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST Chippes Kathleen Walker Eugene 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 578-90-9701 Kathleen Twilley same as item 13 NO NONE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES V NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XX MONTH DAY YEAR UNDERLYING X OR pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 11:10M. 4 28 1979 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 PAGE STATE Rt. 202 n. of Kirby Hill, Oxon Hill, P.G., MD. street TO MEDICAL EXAMINATION PAGE 4 SHOULD BE FORW TO PUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21; Autopsy X 22s. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner Suicide death resulted fram: TITLE (SPECIFY) ACTUAL Deputy ChiefDICAL EXAMINER 4/30/79 EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 30 BURIAL, CREMATION, REMOVAL 236 DATE Burial 5/2/79 Suitland Md. Cedar Hill Cemetery P.G. 1979 256. REGITES 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 6160 Oxon Hill Rd. Oxon Hill, Md. Kalad 15M 7/76

5/2/79 - Course 2001 constant will be a line bear 1.0.

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MD. 2 S. 1, 2. ND 2 S VITAL	14 F.	ATHER'S NAME FIRST Louis	MIDDLE C. Wamp	LAST	15. MOTHER'S MAIDEN FIRST Virgini	NAME	Harris
AFTER AFTER VVE PACE 1 SION O	160. \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO. .5-58-7801	17 INFORMANT Mr. Louis C	• Wampler	
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DIVISION OF VITAL RECORDS, 301 SCERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN POED TO THE CHIEF MEDICAL EX. E 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND MIPPIOR TO BURIAL CREMATION, OR		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21% TIME OF INJUR HOUR A.M. MON DEATH P.M. 4	TH DAY YEAR	ow MJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART)	
DIVISION THIS CERTIF WARTING 1 WARDED 19 PAGE 3 SHG 1201 PRIOR 1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJI STREET, FACTORY, FAI STREE	URY (AT HOME, 21f. LC	OCATION STREET	cound, Kenilworth	county STATE
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU PAGE A SHOUNT AFTER DEATH, BALTMORE, M.		EXAMINER'S NAME (TYPE OR PRINT) Thomas				ın Street, Balto.	MD 21201
9997BP		SPECIFY) Cremation, REMOVAL Cremation	5/18/79 2	Greenmount	t Crematory	Baltimore	COUNTY Md STATE
DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR NAME Barnes Flemin	ag Benso	on, Md. 21018		An in the State of	try statuty

41501-61 APRISO 1979 Projection



FOR STATE REGISTRAR DECEASED NAME TYPE OR PRINT)		DEPAR	I MENT OF HEA				0 7 5 7
			CERTIFIC	ATE OF DEATH	REG. N		0247
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	LEWIS	EDWARD	WEA'			04 18	
male		white	S DATE OF MONTH	12 1908	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UNDER
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224 PHYSICIAN'S N	AME (THE CHIP	INTE P	1				
	BIRTHPLACE (STATE OR COUNTRY) A Shington CHEVERLY CONCURRENTIA CONCURRENT CHEVERLY CONCURRENT CONCURRENT CONCURRENT CHEVERLY CONCURRENT CONCURRENT CONCURRENT CHEVERLY CONCURRENT CONCURRENT CONCURRENT CHEVERLY CONCURRENT CONCURRENT CONCURRENT CONCURRENT CHEVERLY CONCURRENT CONCURRENT	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) AShIngton D. CITY OR TOWN OF DEATH CHEVERLY CHEVERLY SPOTS CHEVERLY CHEVERLY SPOTS SPOTS A. FATHER'S NAME FIRST Jesse Go WAS DECASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if only, which gove rise to immediate couse 10', stating the underlying cause lost PART 2 OTHER SIGNIFICANT COI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this haspital sow the deceased alive on obove, (II) (we) (did) (did not)	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ASHINGTON D. U. S. A. O CITY OR TOWN OF DEATH CHEYERLY PRINCE GEORGES USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130 COUNTY) VIRGINIA FATHER'S NAME JESST BE CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) (IF YES, NO OR UNKNOWN) IB CAUSE OF DEATH (Enter only one cause per line for 101, 116), PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSECTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING TO CAUSE OF DEATH VINCE 190 DATE OF OPERATION 190 CONDITION FOR WHICE 210 TIME OF INJURY HOUR A.M. MONTH P.M. 2110 NOT WHILE ALWORK 2110 PLACE OF INJURY HOUR A.M. MONTH P.M. 2111 NURY OCCURRED WHILE ALWORK 2110 PLACE OF INJURY HOUR A.M. MONTH P.M. 2111 NURY OCCURRED WHILE ALWORK 2110 PLACE OF INJURY 1 NOT WHILE ALWORK 1 NOT WHI	BIRTHPLACE ISTATE OR FOREIGN (SOUNTRY) (SANINGTON D. U. S. A. WIDOWED (COUNTRY) (SANINGTON D. U. S. A. WIDOWED (CITY OR TOWN OF DEATH CHEVERLY (FINT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGES GENERAL JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) (IS STATE JESSE ADDIE LAST JESSE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) FOR OUT ON THE INDICE CONDITION 18 CAUSE OF DEATH (Enter only one cause per line for 101, 16), and 101. CONDITIONS, if any, which gove rise to immediate cause 101, stating the underlying cause 103. FART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 216. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 210. I certify that (I) (this haspital) attended the deceased from coove, (I) (we) (did) (did not) view the body after death.	BIRTHPLACE (STATE ORFOREGON COUNTY) SAL MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRIED MARRIED MARRIED MIDOWED MARRIED M	BEIRTHPLACE (STATE OFF FOREIGN TO COUNTRY) ASKINGTON D.	BIRTHPLACE ISTATE OF FOREGON 78. CITIZEN OF WHAT COUNTRY? SISTINGTON D. G. U. S. A. WIDOWED DOWNCED 1 PRINCE GEORGES OCTIVOR FOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSURING HOME OR OTHER INSTITUTION) CHEVERLY PRINCE GEORGES GENERAL HOSPITAL

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Virginia Spaceylvania Spereylvania - L. F. B. 2, Box 122

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a. S. Pinnson, weekern throws, In.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR MONTHS DAYS HOURS To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED ENNSYLVANIA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HEACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY YOUSEWIFE HOOTE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE 136_COUNTY 136_CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV MIDDLE MIDDLE ond medical 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANI ADDRESS (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) physicia CAUSE OF DEATH (Enter only one cause per line for (0)/26), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (0), stating the DUE TO. OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 0 prior 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES | NO I Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2] 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on. and that in (my) (our) apinian death occurred on the date and hour and from the causes stated DIRECT above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22r. DATE SIGNED STAFF ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME CTYPE OF PRINTI 22e ADDRESS ld 5 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STEEDE OLITAN CESTATONA BP. CAMATION 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 60M 7/73 BER LAUCEL FUNGRAL DYFADDRELIK. (VRA 15 (4)) SPEING KD

DHMH - 16 50M 7/77 (VR A 15 (4))

medical examiner must be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10260

	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	9-1	0 2 4 3	
		CEASED NAME	FIRST	-	MIDDLE	l	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
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	3 SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
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1	7a. BIF	To BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHA			8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C				
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4		ty or town of DEA Laurel	ЛΗ				eltsville H	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SOP ASS.	ON F WORKING LIFE	industry or Br	£
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	-3	saw the decease obave, (1) (we) (c	ed olive or	it) view the bady	after death.	. 01	nd that in (my) (our) apinian o	death accurred an the d	ate and hav	r and from the	causes stated
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,		22d. PHYSICIAN'S	AME (TYPE C	OR PRINT)			22e. ADDRESS				
1		Anu Kur	ichh,	M.D.			Prince Geo.	Gen Hosp.	& Med	Cente	r
	230. B	BURIAL CREMATION		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	18 A	COUNTY	STATE
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THE PARTY COLD PROPERTY OF THE PARTY OF THE

24 FUNERAL DIRECTOR FRANCIS J. COLLINS DRESS

500 UNTU BIVD W. SILVER SPRING MD. 20901

FOR

REGISTRAR

1 - STATE

BP

DHMH - 16 50M 7/77 (VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

RELIGIOUS NUN

APPROXIMATE INTERVAL

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IF UNDER 1 YEAR

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25a. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SAME III.

22c. DATE SIGNED

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DAYS

11:00p.

IF UNDER 24 HRS

2a. DATE OF DEATH

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16		FOR			FPARTA			AND MENTAL	HYGIENE				
8 to MI	11-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 - 1 0 2 5 1									
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CTOOL FILE TREE	3. SEX	(4. RACE	5. DATE OF BIRTH		6. AGE (IN YE)	ARS IF UN	DER 1 YR. IF UNDE			MONTH	DAY YEAR	2d. HOUR
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NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. PRESTON STREET,	8 -	nnsylva	nia	U.S.A.		-8.4	WIDOW			ince Go	orme		MD.
	ID CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	ILITY GIVE STR	EET ADDRESS)			112a USUAL OC	CUPATION (T	YPE OF WORK	12b. KIND OF B	USINESS
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L EXAMINEI E CERTIFICA DULD BE FG L DIRECTOR H. WITH THOR MARYLAND,		death resulte	ed fram: Natur	al causes :	Accident L		cide L.J.	Hamicide L.J.	Undetermined	manner [_]	,		
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A. M. Comingo, D. S. Comingo, M. C.

- STATE REGISTRAR DECEASED NAME FIRST MIDDLE TYPE OR PRINT NMI JUANITA 3 SEX 4 RACE Female Black To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SOUTHERN MARYLAND HOSPITAL CENTER Clinton ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY Maryland Pr.Geo. Brandywine Brandywine 14 FATHER'S NAME 60 WAS DECE SED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-07-9613 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196 CONDIT ā ransit p Hygien 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY Ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. -12 saw the deceased olive on. above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATION 100 be ac. FUNERAL MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT ild b shou 0 230. BURIAL CREMATION, REMOVAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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LAST

5. DATE OF BIRTH

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WHICH OPERATION WAS PERFORMED

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23c. NAME OF CEMETERY OR CREMATORY

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WILKES

79-10252

REG. NO 2g. DATE OF DEATH 2h HOUR 04 12 79 12:50P.M 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS 73 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Retired Most of working Life) INDUSTRY Rt.1 Box 326 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME LAST 20a AUTOPSY 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (and opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [

DHMH - 16 60M 1/75 (VR A 15 (4))

24. SUNERAL DIRECTOR

18501-85 Tiacy Sur 1 / S. Tartistani Syntingille - Namov care Hugas Book Riggs Park - Pocounting - P.A. a will har placed new petrol Wilder D. D. Wilson D. Wilson entitis cab WHILE THE TANK I CANDI B. MILEON -700 Postedy St. W. H. B.C. ANTENNAME CONTRACTOR AND SYLED BARBARE LANGE TO THE MENT OF THE MENT OF THE MENT OF THE MENT OF THE PARTY OF THE P Sylvy . Hermony Memordsky Bark Landover. C.R.C. Manyland Labrud AL ALUR. POP (61 PA AV., . . P. ..



3-10256 VICTOR AID IS DOBLING VERHITH 177 1979 5:51P

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VIRGINIA BAILFAM ALLAMBETA 7 6207 PERTUALE ED

VICTOR CIVILLES WORFELFIER (D) MARCHIM FRANCES FORTAGE

YES 1967-1977 224-62-2842 MARCETTA F. NOITHIRE (M) SPIE AS 13

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10257

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MIDDLE LAST MONTH I. DECEASED NAME FIRST 2b. HOUR (TYPE OR PRINT) Anna T. Wood 04-28-1979 4:40A M White 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX F HOURS May 28 1912 66 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED THE NEVER MARRIED COUNTRY a shington, USA Prince George County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
housewife Greater Laurel Beltsville Hospital INDUSTRY Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Md 134 COUNTY 13" CHYOLIGAN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 14107 Clark Avenue NO M YES [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Catherine Loehman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) James C. Wood same as above (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY VENTULAR TRRUCATION IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CARDIOGENIC Canditians, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost MISERSE CORONARY ACTORY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MYOCARDIAL INFALCIO ACUTE ANTOLOGATERAL CERTIFICATION RECONT DIAGETES MOUNTS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO DY 21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 PM MEDIC 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from. 27 19_79 sow the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stoted obove, (I) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED 22b. SIGNATURE MEDICAL STAFF 28. 29 MD ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ROAD 70 20810 3450 HT MOA-0-E HRISTINE LELIMA 23d. LOCATION

23c. NAME OF CEMETERY OR CREMATORY

DA .

Union Cemetery

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR Donaldson Funeral Mothe. Laurel, Md

23b DATE

Burtonsville, Maryland May TEREC DISTRAR ST SECTION OF ANTHE

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	1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MA SENT OF HEALTH A CERTIFICATE	ND MENTAL HY	GIENE Reg. N	79-102	58
		OR PRINTS	LANGO	MIDDLE	LAST W K	14 1	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	3. SE		JAMES 14 RACE	D,	S. DATE OF BIRTH	M	6 AGE (IN YEARS LAST BIRT	14-30-79 THDAY) IF UNDER I YE	3.55AM
	3. SE.	MALE	CAUCAS	IAN	момтн 7 9	1914	64	YRS MONTHS DAY	
e de la companya de l	C	RTHPLACE ISTATE OR FOREIGN DUNTRY) RYLAND	76. CITIZEN OF	WHAT COUNTRY?	*OCT	VER MARRIED	PRINCE GEO	R COUNTY OF DEATH	
Notified 14		TY OR TOWN OF DEATH	PRINCE	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A GEORGE GE	NERAL HOS		126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF RETIRE)	OF WORKING LIFE) INDUSTE	S GOV
33		AL RESIDENCE (IF NURSING HO. TATE 13b C RYLAND P.		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN SUITLAD	ND YES K				REET
100	14. FA	ALFRED	MIDDLE	WYNN	15. MOT	HER'S MAIDEN NA FIRST MARIA	N	DUDI	LEY
event, the medicol	16a V	VAS DECEASED EVER IN U.S res, no or unknown) (IF YES NO -	S. ARMED FORCES? S, GIVE WAR OR DATES)	Unknow		R. WYN	N SPOUSE	SAME	AS #13
njury, or other troumatic	NOI	Canditions, if any, whice gave rise to immediate couse (a), stating the underlying couse los	b (b)	OR AS A CONSEQUE	NCE OF	ATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
shows only	CERTIFICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WAS P	ERFORMED	20a AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
9	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	OF DEATH HOUR A	.M. MONTH DA	Y YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
поскед от	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	TATION	CITY OR TOV	NN COUNTY	STATE
n ZI is mo		22a.1 certify that (1) (this I saw the deceased alive	e on 4 -	29 19		(my) (our) opinian	death accurred on the de		
±		226. SIGNATURE	in your ?	jeing 5	DEGREE		MEDICAL STA	FF //	-30-79
		228. PHYSICIAN'S NAME (1	YPE OR PRINT)	1 _ (22e AD		A A		
NPORTA		Kai-Yiu	Yeung, b	1.8.0		t Belwest		Hyattsville	,68 2018
IMPORTANT: #	· '	UURIAL, CREMATION, REMO SPECERY) BURIAL JUREAL DIRECTOR NAME RODERT	2MAY	and the second	652. TAME OF CEMETERY EDAR HIL	OR CREMATORY	234 LOCATION CITY OR TOWN	Hyattz ville COUNTY ND PG 1256. REGILBRANSSION	57ATE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MAR JOR TE 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED immer man S FOR YOUR FILES.
WITHIN 72 HOURS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD SIRTHPLACE (STATE OR BALT MORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A 100 mla WIDOWED DIVORCED FILED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS Pr. Geo. Gen. Hosp. FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Cheverly BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI SHOULD 13a. STATE 13d INSIDE CITY LIMITS? 113b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Pr. Geo. Cheverly Md. YES T NO [Montrose Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bredbenner Henry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. DIVISION (YES, NO. OR UNKNOWN) James L. Zimmerman- above address 77-24-4553 No Husband APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). PART I DEATH WAS CAUSED BY Carded Vaganto IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which AND MENTAL H gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) 4 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 IN JURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21. 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural caures Accident Hamicide Suicide Undetermined manner (SPECIFY) DATE SIGNED (TYPE OR PRINT) JULELLES 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Lincoln Cem Brentwood DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR (VR A15 ME (5))

The Line is a second of the se